



RESTORE THERAPY AND WELLNESS, PLLC

## Health Insurance Portability and Accountability Act (HIPAA) - PRIVACY PRACTICES NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this Information. Please review this document carefully and sign certifying you have read this notice.

### **Commitment to your privacy:**

Welcome to the practice. Restore Therapy and Wellness, PLLC understands that information about you and your health care is personal and is dedicated to maintaining privacy as part of providing professional care and following the requirements of the law. I create a record of your services and care that is needed for quality of treatment and to comply with legal requirements. This notice applies to your complete mental health record and will discuss health information disclosure and personal rights. The Privacy Practices Notice contains important information about the professional services and business policies of Restore Therapy and Wellness, PLLC. When you sign this document, it will represent an agreement between us.

**“Protected health information”** (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time.

Examples of likely PHI:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we agree will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.



RESTORE THERAPY AND WELLNESS, PLLC

- Records I receive from professionals who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information
- There may also be other kinds of information that go into your health care records here.

## **How I use and disclose your protected health information with your consent**

### **For Treatment**

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization.

### **For Payment**

I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection. I may release protected health information about you for programs that provide benefits for work related injuries or illness.

### **For Health Care Operations**

I may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.



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## **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services**

I may use and disclose PHI to contact you to remind you that you have an appointment with us. I also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

## **Research**

Under certain circumstances, I may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before I use or disclose PHI for research, the project will go through a special approval process. Even without special approval, I may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

## **How I use and disclose your protected health information without your consent**

Following is a list of the categories of uses and disclosures permitted by HIPAA without authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

### **Required by Law**

Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

### **Child Abuse/Elder Abuse or Neglect**

As a mandated reporter in the state of Texas, I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child or elder abuse or neglect.

### **Coroners, Medical Examiners, and Funeral Directors**

I may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. I may also release protected health information about patients to funeral directors as necessary to carry out their duties.



RESTORE THERAPY AND WELLNESS, PLLC

### **Deceased Patients**

I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. The PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

### **Judicial and Administrative Proceedings**

I may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. If you are involved in a lawsuit or a dispute, I may disclose Health Information in response to a court or administrative order. I also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Medical Emergencies**

I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

### **Family Involvement in Care**

I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

### **Harm to Self or Others**

When information related to an intended threat to the health and safety of the client, the therapist, or any other person that is obtained by the therapist in any way, Restore Therapy and Wellness, PLLC is required by law to release information about the medical record to ensure safety. If sharing confidential information is necessary to protect against immediate harm to the client or another person, this information may be shared to those persons who can address this problem. Examples of entities include law enforcement, the intended victim, Child Protective Services, residential mental health facilities, etc.

### **Health Oversight**

If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.



RESTORE THERAPY AND WELLNESS, PLLC

### **Law Enforcement**

I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

### **Specialized Government Functions**

I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

### **Public Health**

If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

### **Public Safety**

I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

### **Fundraising**

I may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

### **Verbal Permission**

I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.



RESTORE THERAPY AND WELLNESS, PLLC

## **With Authorization**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **Your Rights**

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. This section explains your rights and some of our responsibilities to help you. To exercise any of these rights, please submit your request in writing to Restore Therapy & Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377.

### **Right of Access to Inspect and Copy**

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Psychotherapy Notes are kept separate from your clinical record in order to maximize privacy and security. You have the right to inspect and receive a copy of your Clinical Record. Viewing your record is best done during a session rather than on your own, in order to clarify any questions you might have at the time. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. To inspect and copy your PHI, you must make your request, in writing, to Restore Therapy and Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or by fax at 281-816-9441. I have up to 15 business days to make your PHI available to you and I may charge a reasonable, cost-based fee for copies and labor associated with transmitting electronic medical records. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.

Restore Therapy and Wellness, PLLC  
281-607-5325 (Phone) & 281-816-9441 (Fax)  
16910 FM 2920 Suite A-7  
Tomball, Texas 77377  
[www.restoretherapyandwellness.com](http://www.restoretherapyandwellness.com)



RESTORE THERAPY AND WELLNESS, PLLC

### **Right to Amend**

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. To request an amendment, you must make your request, in writing, to Restore Therapy and Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or by fax at 281-816-9441. This request must include the reason that supports your request for an amendment. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:

1. Was not created by my office, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by my office.
3. Is not part of the information which you would be permitted to inspect and copy.
4. Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. To request an accounting of disclosures, you must make your request, in writing, to Restore Therapy and Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or by fax at 281-816-9441.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction. To request a restriction, you must make your request, in writing, to Restore Therapy and Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or by fax at 281-816-9441. This request must indicate what information you want to limit and to whom you want the limits to apply. Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.



RESTORE THERAPY AND WELLNESS, PLLC

### **Right to Request Confidential Communication**

You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request. To request confidential communications, you must make your request, in writing, to Restore Therapy and Wellness, PLLC 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or by fax at 281-816-9441. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

### **Breach Notification**

If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself. I will provide notice to you as soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.

### **Right to a Copy of this Notice**

You have the right to a copy of this notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please contact Restore Therapy and Wellness, PLLC for a copy.

## **QUESTIONS AND COMPLAINTS**

If you have questions about this notice, disagree with a decision I made about access to your records, or have any other concerns about your privacy rights, you may contact Restore Therapy and Wellness, PLLC in writing or by phone. If you believe I have violated your privacy rights, you have the right to file a complaint in writing with Restore Therapy and Wellness, PLLC at 16910 FM 2920 Suite A-7, Tomball, Texas 77377 or with the Texas Attorney General at [www.oag.state.tx.us/forms/cpd/form.php](http://www.oag.state.tx.us/forms/cpd/form.php). You can also file a complaint with the U.S.

Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
2. Calling 1-877-696-6775
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

\*I will not retaliate against you if you file a complaint about my privacy practices, in accordance with the provisions of applicable law. I may be required by my professional ethics to terminate the therapeutic relationship and refer you to other providers.





RESTORE THERAPY AND WELLNESS, PLLC

## Other Privacy information

### GOOGLE ANALYTICS AND COOKIES

I may use a tool called “Google Analytics” to collect information about use of this Site, such as how often users visit the Site, what pages they visit when they do so, and what other sites they used prior to coming to this Site. Google Analytics collects only the IP address assigned to you on the date you visit this Site, rather than your name or other identifying information. Google Analytics plants a permanent cookie on your web browser to identify you as a unique user the next time you visit this Site. This cookie cannot be used by anyone but Google, Inc. The information generated by the cookie will be transmitted to and stored by Google on servers in the United States. We use the information received from Google Analytics only to improve services on this Site. I do not combine the information collected through the use of Google Analytics with personally identifiable information. Google’s ability to use and share information collected by Google Analytics about your visits to this Site is restricted by the Google Privacy Policy <http://www.google.com/policies/privacy>. You can prevent Google Analytics from recognizing you on return visits to this Site by disabling the Google Analytics cookie on your browser.

### Security

The security of your Personal Information is important to us, but remember that no method of transmission over the Internet, or method of electronic storage, is 100% secure. While I strive to use commercially acceptable means to protect your Personal Information, I cannot guarantee its absolute security.

### Links

The website of Restore Therapy and Wellness, PLLC may contain links to other sites. If you click on a third-party link, you will be directed to that site. Note that these external sites are not operated by us. Therefore, you are strongly advised to review the Privacy Policy of these websites. Restore Therapy and Wellness, PLLC does not have any control over, and assumes no responsibility for the content, privacy policies, or practices of any third-party sites or services. The views and opinions expressed are those of the authors and do not necessarily reflect the official policy or position of this company. Any content provided by bloggers or authors are of their opinion, and are not intended to malign any religion, ethnic group, club, organization, company, individual or anyone or anything.



RESTORE THERAPY AND WELLNESS, PLLC

## Service Providers

I may employ third-party companies and individuals due to the following reasons:

- To facilitate my Service;
- To provide the Service on my behalf;
- To perform Service-related services; or
- To assist us in analyzing how my Service is used.

I want to inform our Service users that these third parties have access to your Personal Information. The reason is to perform the tasks assigned to them on my behalf. However, they are obligated not to disclose or use the information for any other purpose.

## COLLECTION AND USE OF PERSONAL INFORMATION OF CHILDREN UNDER AGE 13

I am committed to protecting the online privacy of children. In accordance with the Children's Online Privacy Protection Act ("COPPA"), I will not knowingly collect any personally identifiable information from children under the age of thirteen (13) without first obtaining parental consent. Prior to providing any personally identifiable information (your name, email address, address, phone number etc.), children under the age of thirteen (13) must have a parent or legal guardian complete and return (by email or regular mail) a Parental Consent Form to Restore Therapy and Wellness, PLLC or 16910 FM 2920 Suite A-7 Tomball, Texas 77377.

The consent form states that the child's "Parent" or "Legal Guardian", by his or her signature, consents to the collection and transfer of the child's personally identifiable information. Consent may be revoked by completing a "Revocation of Parental Consent Form" and dropping it off or sending it to the physical mailing address above. In compliance with COPPA, I am sensitive about children consulting with parents or guardians before furnishing personal information or ordering anything online. It is also our intention to adhere to the Children's Advertising Review Unit (CARU) Guidelines on Internet advertising with its special sensitivities regarding solicitations to children under thirteen (13). We encourage parents/guardians to supervise and join their children in exploring cyberspace.

## Changes to the Terms of this Notice

I reserve the right to change the privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changed Notice effective for all health information that I maintain, including health information I created or received before I made the changes. When I make a change in my privacy practices, I will change this Notice and make the new Notice available to you. This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time I first deliver intake services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's website for downloading.

Effective Date: The effective date of this Notice is January 19, 2022.



RESTORE THERAPY AND WELLNESS, PLLC

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

I understand that as part of my healthcare, Restore Therapy and Wellness, PLLC, originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professions. Restore Therapy and Wellness', *Notice of Privacy Practices* provides specific information and a thorough description of how my personal health information may now be used and disclosed.

By signing this form, I: (1) Acknowledge receipt of the Privacy Practices Notice Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and (2) Consent to the use and disclosure of my health information for the treatment, payment, or health care operations, as described in the Notice of Privacy Practices. The Notice of Privacy Practices is subject to change. If the notice is updated, I may obtain a copy of the revised notice by calling Restore Therapy and Wellness, PLLC at 281-607-5325. I have read, understood, and agreed to the items contained in this document.

Client Name: \_\_\_\_\_ Client Birthdate: \_\_\_\_\_

Client or Parent/Guardian Printed Name: \_\_\_\_\_

Client or Parent/Guardian Signature: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Date: \_\_\_\_\_

\*This notice went into effect on January 19, 2022