



NOTICE OF PRIVACY PRACTICES

THIS PRIVACY NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE HANDLED, USED, AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that health information about you and your health care is personal. Our practice is committed to protecting health information about you, your child, or family. We create a record of the care and services that you receive. This record is needed to provide you with quality care and to comply with certain privacy and legal requirements. This notice applies to all of the records of your care generated by this mental health care practice, TM Counseling Center. This notice will tell you about the ways in which we may use and disclose health information about you. This will also describe your rights to the health information that is kept about you, and describe certain obligations we have regarding the use and disclosure of your health information. Licensed therapists are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Provide you this notice of legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.
- Our practice can change the terms of this notice, and such changes will apply to all information that is on record about you. The new notice will be available upon request, in our office lobby, and on the website, www.tmcounselingcenter.com.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, an explanation of details will be provided. This is not an exhaustive list, as not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories:

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care

operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, a therapist may disclose health information in response to a court or administrative order. I may also disclose health information about your child 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. *Psychotherapy Notes.* Records known as “psychotherapy notes” are kept on file, this is a term defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

2. *Marketing Purposes.* As a psychotherapist and group therapy practice, we will not use or disclose your PHI for marketing purposes.

3. *Sale of PHI.* As a psychotherapist and group therapy practice, we will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health

For more information or if you believe your privacy rights have been violated you may file a complaint with our practice by simply providing a written statement that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful. This can be delivered to practice owner, Tracy Lambert, LPC as the Contact Person of this practice, TM Counseling Center at: *2316 Timber Shadows Dr., STE 200, Kingwood, TX 77339* or filed with the Secretary of Health and Human Services at the Office of Civil Rights, U.S. Department of Health and Human Services, 200

Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Your signature below is the acknowledgement of receipt and understanding of the above listed notice of privacy practices. *This notice was last updated 09/2021.*

Client printed name: _____ Date: _____

Client signature (parent or guardian if client is a minor): _____