



## **Your Therapy Houston, LLC Privacy Notice**

Your Therapy Houston, LLC follows the following regulations regarding Patient Health Information. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. This notice will also include your rights as a patient to limit the uses and disclosers. Please review carefully.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Jessica Medina at Your Therapy Houston, LLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your general consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you
- “*Treatment, Payment and Health Care Operations*”
  - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or a colleague.
  - Payment is when I obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care services are quality assessment and improvement activities, business-related matters such as audits and administrative services, supervision, and case management and care coordination.
- “*Use*” applies only to activities within my practice such as utilizing information that identifies you.
- “*Disclosure*” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

### **Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization to release information*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, I will obtain authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation regarding a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

5900 Memorial Dr., Suite 218  
Houston, TX 77007  
832-475-3904  
[info@yourtherapyhouston.com](mailto:info@yourtherapyhouston.com)



### **Uses and Disclosures with Neither Consent nor Authorization**

Jessica Medina at Your Therapy Houston, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- ***Child Abuse:*** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- ***Abuse of the Elderly and Disabled:*** If I have cause to believe an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- ***Sexual Misconduct by a Therapist:*** I am required to report any incidents of sexual misconduct by a current or former therapist to the offending therapist's licensing authority.
- ***Regulatory Oversight:*** If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint.
- ***Judicial or Administrative Proceedings:*** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- ***Serious Threat to Health or Safety:*** If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I *may* disclose relevant confidential mental health information to medical or law enforcement personnel.
- ***Worker's Compensation:*** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

### **Client's Rights and My Professional Duties**

Client's Rights:

- ***Right to Request Restrictions:*** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- ***Right to Receive Confidential Communications by Alternate Means and at Alternate Locations:*** You have the right to request and receive confidential communications of PHI by alternate means and at alternate locations. (For example, you may not want a family member to know that you are seeking services. Upon your request, we will send bills or other correspondence to another address.)

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- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend:** You have right to request an amendment of PHI for as long as the PHI is maintained in the record. I *may* deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as previously described in of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

Jessica Medina at Your Therapy Houston, LLC Professional Dutie's:

- Your Therapy Houston, LLC is required by law to maintain the privacy of PHI and to provide you with notice of any legal duties and privacy practices with respect to PHI.
- Your Therapy Houston, LLC reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, Your Therapy Houston, LLC is required to abide by the terms currently in effect.
- If Your Therapy Houston, LLC revises its policies and procedures, there will be a current copy available in my office. You may also request a personal copy.

### **Questions and Complaints**

If you have questions about this notice, disagree with a decision Your Therapy Houston, LLC makes about access to your records, or have other concerns about your privacy rights, you may contact the office at 832-475-3904. If you believe that your privacy rights have been violated and wish to file a complaint against Your Therapy Houston, LLC, you may send a written complaint at 5900 Memorial Dr. Suite 218, Houston, TX 77007. You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services. The appropriate address can be supplied upon request. You have specific rights under the Privacy Rule and Your Therapy Houston, LLC will not retaliate against you for exercising your right to file a complaint.

### **Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on 10/04/2018. As a reminder, I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that I maintain. I will provide a revised notice in my office. You may request a personal copy at any time.

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### **Acknowledgement**

Your signature below confirms that you have read and understand the Private Policy that was provided to you.

Client name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_