



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

We are required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and relates to the provision of health care or payment for the provision of health care for your past, present, or future physical or mental health or condition and related healthcare services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, obtain payment or perform our health care operations, and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

We are required to follow the terms of this Notice currently in effect. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

This notice is effective 1 August 2019 and applies to all protected health information as defined by federal regulations.

OUR PLEDGE

The privacy of your PHI is important to us. We are committed to protecting health information about you. We create a record of the care and services you receive from us, which we need to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this mental health care practice. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- make sure that PHI that identifies you is kept private.
- give you this Notice of our legal duties and privacy practices with respect to health information.
- follow the terms of the Notice that is currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office/s, and on our website.

HOW PHI ABOUT YOU MAY BE USED AND DISCLOSED

The following categories describe different ways that we use and disclose PHI. For each category of use or disclosure, an explanation of what is meant and some examples are provided. Not every use or



disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

- 🍌 **For Treatment.** We may use or disclose your health information to provide and coordinate the mental health treatment and services you receive. For example, if your mental health care needs to be coordinated with the medical care provided to you by another licensed clinician or health care provider, we may disclose your health information to that clinician or health care provider.

Note: We may disclose your health information to our business associates for treatment purposes. Some services are provided to The Semicolon Group PLLC through our business associates. For example: some counselors are contracted providers. When services are contracted, we may disclose your PHI to our business associates so they can do the job we've asked them to do. Our contracts with our business associates require them to protect your health information.

- 🍌 **For Payment.** We may use and disclose your health information for various payment-related functions, so that we can bill for and obtain payment for the treatment and services we provide for you. For example, your PHI may be provided to an insurance company so that they will pay claims for your care.
- 🍌 **For Healthcare Operations.** We may use and disclose your health information for certain operational, administrative, and quality assurance activities in connection with our healthcare operations. These uses and disclosures are necessary to run the practice and to make sure that our patients receive quality treatment and services. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Your Authorization. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in the next section (or as otherwise permitted or required by law). If you give us an authorization, you may revoke it by submitting a written notice to our Privacy Officer at the address listed below. Your revocation will become effective upon our receipt of your written notice. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

- 🍌 **Appointment Reminders.** We may use or disclose PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters). You have a right, as explained below, to request restrictions or limitations on the PHI we disclose. You also have a right to request that information be communicated with you in a certain way or at a certain location.
- 🍌 **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- 🍌 **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible alternative treatments, therapies, providers, or settings of care that may be of interest to you.



- 🍌 **Marketing Health-Related Services.** We will not use or disclose your PHI for marketing purposes or communications.
- 🍌 **Sale of PHI.** We will not sell your PHI.
- 🍌 **Psychotherapy Notes.** We keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - ; for my use in treating you.
 - ; for my use in training or supervising mental health practitioners to help them improve their skills in group, family, or individual counseling or therapy.
 - ; for my use in defending myself in legal proceedings instituted by you.
 - ; for use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - ; required by law and the use or disclosure is limited to the requirements of such law.
 - ; required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - ; required by a coroner who is performing duties authorized by law.
 - ; required to help avert a serious threat to the health and safety of others.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise. We are likely to use or disclose your PHI without your permission for the following purposes:

- 🍌 **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.
- 🍌 **Individuals Involved in Your Care or Payment for Your Care.** We may disclose some PHI to an individual involved in your medical care or payment for your care.
- 🍌 **Disclosures to Parents or Legal Guardians.** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.
- 🍌 **Worker’s Compensation.** We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to worker’s compensation or other similar programs established by law.
- 🍌 **Public Health.** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability 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.
- 🍌 **Health oversight activities:** We may disclose your PHI to an oversight agency for activities authorized by law including audits, investigations, and inspections, as necessary for our licensure



and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.

- 🍌 **Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law including: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on our premises or against a member of our workforce; and in emergency circumstances to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
- 🍌 **Judicial and administrative proceedings.** If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request, to obtain an Authorization from you before doing so, or to obtain an order protecting the information requested.
- 🍌 **United States Department of Health and Human Services.** Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.
- 🍌 **Research.** Under certain circumstances, we may use or disclose your PHI for research purposes, including studying and analyzing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. However, before disclosing your PHI, the research project must be approved by an Institutional Review Board (IRB) or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- 🍌 **Coroners, medical examiners, and funeral directors.** We may release your PHI when such individuals are performing their duties authorized by law.
- 🍌 **Organ or tissue procurement organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- 🍌 **Notification.** We may use or disclose your PHI to assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.
- 🍌 **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse or neglect or the possible victim of other crimes.
- 🍌 **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.
- 🍌 **Specialized Government Functions.** We may disclose your PHI to authorized federal officials for: ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.



- 🍌 **As required by law.** We must disclose your PHI when required to do so by applicable federal or state law.

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

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 in or part. The opportunity to consent may be obtained retroactively in emergency situations.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changed Notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a change in our privacy practices, we will change this Notice and make the new Notice available to you.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your health information isn't being protected. Providers and health insurers who are required to follow federal and state privacy laws must comply with the following rights:

- 🍌 **The Right to Request Restrictions on Certain Uses and Disclosures of PHI.** You have the right to request restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Officer. We are not required to agree to those restrictions if we believe it could affect your health care. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.
- 🍌 **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for in Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or health care service that you have paid for out-of-pocket in full.
- 🍌 **The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home, cell, or office phone) or to send mail to a different address. We will agree to all reasonable requests.
- 🍌 **The Right to Access Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you; you may not be able to obtain all of your information if your treatment provider determines that the information may endanger you or someone else. We will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so (to include the costs of copying, mailing, supplies, and time that are necessary to fulfill your request), and we are generally not required to produce requested records until the fee is paid.
- 🍌 **The Right to Request to Correct or Update Your PHI.** If you believe there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. Requests must



identify: (i) which information you seek to amend, (ii) what corrections you would like to make, and (iii) why the information needs to be amended. We will respond to your request in writing within 60 days. In our response, we will either: (i) agree to make the amendment, or (ii) inform you of our denial, explain our reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.

- 🍌 **The Right to Receive a List of Disclosures.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Your request must state a time period. The time period for the list of disclosures must be limited to less than 6 years from the date of the request. We will respond in writing within 60 days of receipt of your request. We will provide a list once per 12-month period free of charge, but you may be charged for the cost of any subsequent list. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.
- 🍌 **The Right to Notification in the Event of a Breach.** You have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. We 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.
- 🍌 **The Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our privacy officer, listed below. You may also file a complaint directly with any or all of the following federal and state agencies: The Secretary of the Department of Health and Human Services, the Office of the Attorney General of Texas, or the Texas State Board of Social Worker Examiners. We will provide you with the addresses to file your complaint with the Secretary, the Office of the Attorney General of Texas, and/or the Texas State Board of Social Worker Examiners upon request. You will not be penalized in any way for filing a complaint. Our ethical code may require us to terminate therapy with you and refer you to other providers if you file a complaint with one of the listed entities.
- 🍌 **The Right to Obtain a Paper Copy of the Notice Upon Request.** You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from the Privacy Officer at the address below. A reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request, and we are generally not required to provide the requested records until the fee is paid.

IF YOU WOULD LIKE MORE INFORMATION ABOUT OUR PRIVACY PRACTICES OR HAVE QUESTIONS OR CONCERNS, PLEASE CONTACT US:

Privacy Officer:

Whitcomb Terpening, MSW, LCSW
The Semicolon Group PLLC
PO BOX 682421
Houston, TX 77268
Telephone: 281-475-6760
Email: wt@thesemicolongroup.com

