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Notice of Privacy Practices

I am committed to treating and using protected health information responsibly. This Notice describes the procedures I use to protect your information and the circumstances under which your personal health information may be disclosed. It also describes your rights as they relate to this information. The rules for confidentiality of mental health records are recorded in the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA). I strongly suggest you review these provisions in order to fully understand our procedures and your rights.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

II. Uses and Disclosures with Neither Consent nor Authorization

- To Avert a Serious Threat to Health or Safety – If it is determined that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- Abuse of Child, Disabled Adult or Elder Person – If I have reasonable cause to believe that a child, disabled adult or elderly person has been abused, abandoned or neglected, I must report that belief to the appropriate authority.
- Health Oversight – If I am the subject of an inquiry by the Texas Board of Examiners of Professional Counselors, I may be required to disclose PHI regarding you in proceedings. Additionally, I may be required to disclose PHI if audited by Secretary of Health and Human Services to assess compliance with HIPAA regulations.
- Judicial and Administrative Proceedings – If you are involved in a judicial or administrative proceeding, I will not release information without your authorization or a court order.
- Worker's Compensation – I may disclose PHI regarding you as authorized to comply with laws relating to worker's compensation.

III. Uses and Disclosures Requiring Authorization

Uses or disclosures of PHI for other purposes above and beyond the general consent will be made only with your written authorization.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI.
- Right to Receive Confidential Communications by Alternative Means or at Alternative Location – You have the right to request to receive confidential communications of PHI by alternative means or at an alternative location. Submit requests in writing and specify how or where you wish to be contacted.
- Right to Inspect and Copy Protected Health Information – You have the right to inspect and obtain a copy of PHI and billing records for as long as the PHI is maintained in the record. I may provide a summary or an explanation of the PHI to which access has been provided in lieu of copy of records if deemed necessary.
- Right to Amend Protected Health Information–
You have the right to inspect and/or copy your health record. If, after reviewing your record, you believe that any statement is in error, you have a right to request that the person who made the entry make a correction. Anytime you request a revision, your request and the action taken must be noted in the record. If a professional chooses to stand by a statement with which you disagree, you have the right to add a written amendment stating why you believe the entry is in error. Any time that section of the record is released, your amendment must be included.
- Right to an Accounting – You have the right to receive an accounting of disclosures of your PHI that I have made in the six years prior to the date on which the accounting is requested.
- Right to a Paper Copy of This Notice – You have the right to obtain a paper copy of this Notice upon request.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

Every effort is made to keep your personal health information private. Computer data is password protected and encrypted if it is transferred electronically. Files are secured in locked cabinets at night, and every effort is made to prevent others from viewing your personal health information when it is being worked on during the day. If you have any concerns about your privacy, please bring them to my attention.

**Please be aware that email and text messages are not secure and therefore I cannot protect your privacy should you send choose to contact me through these modes of communication.

- I am required to abide by the terms of the privacy notice that is currently in effect.
- Please note that I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will post a copy of the revised notice in my office and on my website at (www.sullivanhoustoncounselor.com). I will also provide you with a copy at your first office visit following the change to the notice. I utilize electronic systems to store some of your PHI. Should a breach in security occur, we are required to notify you within 60 days of the occurrence of the breach.

V. Complaints

Before filing a complaint or for more information regarding your health information privacy, please discuss your questions or concerns with me in person, by calling me at 847-946-2795 or via mail at 5900 Memorial Drive, Suite 216-C, Houston, Texas, 77007. You may file a complaint with the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201, or by calling 1-877-696-6775. You may make a complaint without retaliation.

VI. Effective date of this notice This notice is in effect as of January 1, 2015