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NOTICE OF PRIVACY PRACTICES

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

MY LEGAL DUTY

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 1, 2013 and will remain in effect until I replace it.

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

You may request a copy of our Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me.

USES AND DISCLOSURES OF HEALTH INFORMATION

I use and disclose health information about you for treatment, payments, to obtain managed care authorizations, and other healthcare operations. For example:

Treatment: I use your health information to provide you with treatment or services. These might include individual, family or group therapy, treatment planning, or measuring the effects of my services. I may request to coordinate with other professionals involved in your care, but will ask your permission to do so.

Payment: I may use and disclose your health information to obtain payment for services I provide to you. Your insurance company may require information about your diagnoses, dates of service, what treatments you have received, your progress, etc. You may request that I do not disclose information to your health plan about any services for which you have paid privately without insurance reimbursement.

Healthcare Operations: I may use or disclose your healthcare information to provide quality assessment and improvement activities – i.e. to improve the care and services that I provide. When utilizing your information for these purposes, your name and identity will not be revealed.

Your Authorization: In addition to my use of your health information for treatment, payment or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in the Notice.

Disclosure of Information to You/Family/Friends: I must disclose your health information to you, if you request that I do so. With your permission, I may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. In the case of a threat to your safety or health, I will disclose health information to your emergency contact in order to facilitate care and ensure safety. I will use my professional judgment in disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Safety Threat Disclosures: When there is a threat to the safety of another individual or the public, I am required to share information help prevent or reduce the threat. I will only share information with the person(s) or organization that can prevent or reduce the threat. I must report suspected child abuse or neglect, or suspected abuse of a vulnerable adult to the appropriate agencies.

Required by Law/Legal Proceedings: If you are involved in a lawsuit or legal proceeding and I receive a subpoena or other legal demand for information, I may have to disclose some of your health information. I will do so only after notifying you of the request, consulting your lawyer, or attempting to get a court order to protect the requested information.

MARKETING COMMUNICATIONS AND SALE OF PERSONAL HEALTH INFORMATION

I may not market a third-party's product or service to you unless there is no financial benefit to me and the information shared is relevant to your treatment or is for general health promotion. I may not sell your personal health information for research or for any other purpose without your written permission.

ELECTRONIC COMMUNICATION

I will communicate with you by email at your request. Please be cautious about the type of information that you transmit to me electronically, as privacy and confidentiality cannot be absolutely guaranteed in emails or phone texts.

BREACH NOTIFICATION

If for any reason there is an accidental privacy breach of your personal health information, I am required to perform an assessment to determine the probability that information has been compromised and the extent of the compromise. I am additionally required to notify HHS of the breach and to notify all affected individuals promptly. I am required to provide information about the nature of the breach and the steps that you should take for protection. I must additionally advise you of the steps that I am taking to mitigate harm and to prevent further breaches.