



NOTICE OF PRIVACY POLICIES AND PRACTICES

Effective Date: April 1, 2019

If you have questions about this policy, please contact Kara Smith, LCSW at 281-410-1593

Each time you visit with your counselor, he or she makes a record of your visit. Typically, this record contains some information about your mental health and/or health history, your current symptoms, a diagnosis, treatment, and a plan for future treatment. This information serves as: a basis for planning your care and treatment, a legal document describing the care you received, the means by which you or a third-party payer can verify that you actually received the services billed for.

Kara Smith, LCSW understands that information about you and your mental health and/or health is personal. Kara Smith, LCSW is committed to protecting all information about you. This notice applies to all of the records of your care generated by Kara Smith, LCSW or records provided to Kara Smith, LCSW by other providers for the purpose of coordinating care. Kara Smith, LCSW is required by law to make sure that any information that identifies you is kept private: to give you this notice of our legal duties and privacy practices with respect to mental health and/or health information about you, and to follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MENTAL HEALTH AND/OR HEALTH INFORMATION ABOUT YOU

For Treatment: Kara Smith, LCSW may use mental health and/or health information about you to provide you with counseling. For example, your counselor may share information about you with his or her Clinical Supervisor for the purposes of case consultation.

For Payment: Kara Smith, LCSW may disclose mental health and/or health information about you so that the services you receive may be billed to and payment may be collected from you, an insurance company or a third party such as an EAP. For example, if you have insurance, Kara Smith, LCSW may need to give your mental health and/or health plan information about the services you received at Kara Smith, LCSW so that your mental health and/or health plan will pay for the services Kara Smith, LCSW provided to you. *You will be asked to sign a specific consent before any such information will be released to a third party.*

Appointment Reminders and Customer Satisfaction Surveying: Kara Smith, LCSW may use and disclose mental health and/or health information to contact you as a reminder that you have an appointment for counseling or to follow-up on missed appointments.

To Avert a Serious Threat to Mental Health and/or Health or Safety: Kara Smith, LCSW may use and disclose mental health and/or health information about you when necessary to prevent a serious threat to your mental health and/or health and safety or the mental health and/or health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

As Required by Law: Kara Smith, LCSW will disclose mental health and/or health information when required to do so by federal, state, or local law, including to report child or elder abuse and/or neglect, or to report specified communicable diseases to the Health Dept.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, Kara Smith, LCSW may disclose mental health and/or health information about you in response to a court or administrative order. Kara Smith, LCSW may also disclose medical information about you 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.*

Texas Law (THSC 241.153) permits disclosure of mental health and/or health information without written authorization in the following cases:

1. To a transporting emergency medical service provider. For example, if you became seriously ill and had to be transported, Kara Smith, LCSW could share mental health and/or health information with the ambulance team.
2. To the American Red Cross. The American Red Cross is responsible for providing evacuation during natural disasters. Kara Smith, LCSW would release information to them to coordinate a plan to evacuate you if you request such assistance.

Right to Inspect and Copy: You have the right to inspect and copy your clinical record and any billing records. To inspect and copy such information, you must submit your request in writing to Kara Smith, LCSW, 2990 Richmond Ave, Ste 630, Houston, TX 77098. If you request a copy of the information, Kara Smith, LCSW will charge a fee for the labor and material costs of copying and mailing associated with your request. Kara Smith, LCSW may deny your request to inspect and copy in certain very limited circumstances.

Right to Amend: If you feel that information Kara Smith, LCSW has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Kara Smith, LCSW. To request an amendment, your request must be made in writing and submitted to Kara Smith, LCSW, 2990 Richmond Ave, Ste 630, Houston TX 77098. In addition, you must provide a reason that supports your request. Kara Smith, LCSW may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Kara Smith, LCSW may deny your request if you ask us to amend information that (a) was not created by us, (2) is accurate and complete.



Right to an Accounting of Disclosures: You have the right to request an account of disclosures. This is a list of the disclosures we made of mental health and/or health information about you. To request this list or accounting, you must submit your request in writing to Kara Smith, LCSW. Your request must state a time period which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, Kara Smith, LCSW may charge you for the costs of providing the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or mental health and/or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are not required to agree to your request. To request restrictions, you must make your request in writing to Kara Smith' LCSW. In your request, you must tell us (1) what information you want to limit, and (2) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications: You have the right to request that Kara Smith, LCSW communicate with you about mental health and/or health matters in a certain way/a certain location. For example, you can ask that Kara Smith, LCSW contact you at work or by mail. To request confidential communications, you must make your request in writing to your Kara Smith, LCSW. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. *You may ask Kara Smith, LCSW to give you a copy of this notice at any time.* Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask Kara Smith, LCSW.

CHANGES TO THIS NOTICE

Kara Smith, LCSW reserves the right to change this notice and to make the revised notice effective for mental health and/or health information the therapist already has about you and any information received in the future. This notice contains the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Department of State Health Services at 1 800 942-5540 or to your therapist, Kara Smith, LCSW. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

OTHER USES OF MENTAL HEALTH AND/OR HEALTH INFORMATION

Other uses and disclosures of mental health and/or health information not covered by this notice or the laws that apply to Kara Smith, LCSW will be made only with your written permission. *If you provided Kara Smith, LCSW permission to use or disclose information about you, you may revoke that permission, in writing, at any time.* If you revoke your permission, Kara Smith, LCSW will no longer use or disclose information about you for the reasons covered by your written authorization. Please understand that Kara Smith, LCSW is required to retain our records of the care that Kara Smith, LCSW provided to you.

Client Name

I understand and agree to abide by these policies.	<div style="border: 1px solid black; background-color: yellow; height: 30px; width: 100%;"></div>		
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Client Signature	Date		
I have received or been offered a copy of this Privacy Policy.	<div style="border: 1px solid black; background-color: yellow; height: 30px; width: 100%;"></div>		
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Client Signature	Date		

Kara Smith, LCSW

Therapist Name, Credentials

Therapist Signature

Date

- Copy accepted by client Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure and/or transfer are expressly prohibited by law.