

**Psychotherapy Office
Of
Aracely Neeley, LCSW**

NOTICE OF PRIVACY PRACTICES

This notice describes how psychological and health information about you may be used and disclosed and how you can get access to this information.

Please read it carefully. If you have any questions about this notice, please contact us.

Our Legal Duty:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect until we replace it.

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 changes in our privacy practices and the new terms of our Notice effective for all psychological and health information that we maintain, including health information we created or received before we made the changes. Before we make significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for (1) treatment, (2) payment and (3) healthcare operations. For example:

1. Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
2. Payment: We may use and disclose your health information to obtain payment for services we provided to you.
3. Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation of practitioner and provider performance, conducting training programs, certifications, licensing or credentialing activities.

Your authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorizations to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your initial authorization during the effected period. Unless you give us written authorization, we cannot disclose your health information for any reason except those described in this Notice.

To your family and friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We 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, but only with your written consent.

Persons involved in care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use of disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of our best interest in allowing a person to pick up written information, referrals or similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counter-intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may disclose your health information to provide you with appointment reminders such as voicemail messages, postcards or letters.

PATIENT RIGHTS:

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. If you request copies, you may be charged up to \$0.75 for each page. If you request other information or information in another format, you will be charged either \$20.00 per hour for staff time or the current hourly rate for your individual therapist up to \$100.00 per hour.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed health information for the purposes other than treatment, payment or healthcare operation and certain other activities. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or alternative locations. (You must make your request in writing). Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled and the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or if you have any questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you may complain to us using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

Contact: Aracely Neeley, LCSW

Phone: 713-249-0200

Email: aracely.neeley@sbcglobal.net

Address: 14525 FM 529 Suite 208

Houston, Texas 77095

My signature acknowledges that I have read this information and that I have had an opportunity to ask questions and have received such information to my satisfaction.

Client Signature

Date