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## **Notice of Privacy Practices (NPP Form)**

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. The privacy of your health information is important to us.

### **Our Legal Duty**

Federal and state laws require us to maintain the privacy and security of your protected health information. We are also required to provide this Notice about our privacy practices, our legal duties, and your rights regarding your health information. We must follow the duties and privacy practices that described in this Notice while it is in effect and give you a copy of it. This Notice takes effect on 02/01/2022 and will remain in effect until we replace it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by informing us, using the contact information below.

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

### **Our Uses and Disclosures of Health Information:**

We typically use or share information in the following ways:

#### **Treatment:**

We may use your health information and share it with other professionals who are treating you. We may use or disclose your health information to another health care provider.

#### Payment:

We may use and share your health information to bill and receive payment from health plans or other entities unless you request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

#### Healthcare Operations:

We may use and disclose your health information about our healthcare operations. Healthcare operations include activities related to running our practice, improving your care, and contacting you, when necessary. Healthcare operations also include using health information about you to manage your treatment and services. Some examples include, but are not limited to, engaging in 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.

#### Public Health:

We may, and are sometimes legally obligated to, disclose your health information to public health agencies for purposes related to preventing or controlling disease, injury, or disability; reporting abuse or neglect; reporting domestic violence.

#### Abuse or Neglect:

We may disclose your health information to the appropriate authorities if we reasonably 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 health information about you for specialized government functions such as military, national security, and presidential protective services. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, 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.

**To Comply with the Law:**

We will share information about you if a state or federal law requires it. This includes disclosures to courts upon a court order, to law enforcement with search warrants, or to other government entities with orders pursuant to their respective legal authority and the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Appointment Reminders:**

We may contact you to provide you with appointment reminders via email, text messages, voicemail. We may also leave a message with the person answering the phone if you are not available.

**Announcement:**

We may also announce your name when we are ready to see you.

**To Your Family and Friends:**

We must disclose your health information to you, as described in the Patient Rights section of this Notice.

**Persons Involved in Care:**

We may use or disclose your 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.<sup>1</sup>

**Your Authorization:**

In addition to our use of your health information for treatment, payment, or healthcare operations and otherwise as described in this Notice, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is 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.

#### Patient Rights Access:

You have the right to see or obtain electronic or paper copies of your records, 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 practicably do so. You must make a request in writing to obtain access to your health information. You may contact our office to obtain a form to request access. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter. If you request copies, there may be an additional cost-based fee. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. You may contact our office to request a copy of your records or for a full explanation of our fee structure.

#### Disclosure Accounting:

You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last six years. 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. You may contact our office to request a disclosure accounting.

#### Additional 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 additional restrictions, but if we do, we will abide by our agreement (except in an emergency). For example, if you pay out-of-pocket and in full for services rendered, you may request that we not share your health information with your health plan. We must agree to this request. You may contact our office to request additional restrictions.

#### Alternative Communication:

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

our office to obtain a form to request alternative communication. See Patient Disclosure.

**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. You may contact our office to obtain a form to request an amendment.

**Breach Notification:**

In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.

**Questions and Complaints:**

If you are concerned that we may have violated your privacy rights, you may send a written complaint to our office. You can also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. This Practice will never condition the provision of treatment or payment on obtaining a waiver from an individual on his or her right to file complaints under this section.