



## Inspired Teen Therapy

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### **Notice of the Inspired Teen Therapy, PLLC Privacy Practices**

This notice tells you how we make use of your health information, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a legal responsibility under the laws of the United States and the state of Texas to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on October 1, 2016 and will be in effect until we replace it. We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will effect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at Inspired Teen Therapy PLLC. These changes could also effect how we protect the privacy of any of your health information we had before the changes. If we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you have the right to request a copy of it at no charge to you. If you have any questions or concerns about the material in this document, please ask us for assistance, which we will provide at no cost to you. Here are some examples of how we use and disclose information about your health information. We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services we provide for you (if you request a superbill)
5. For the purpose of improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.

7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that is necessary to respond to the emergency.

8. To the appropriate State agency if, we suspect the neglect or abuse of a minor or adult. If, in our professional judgment, we believe that a patient is threatening serious harm to another, we are required to take protective action, which may include notifying the police, or seeking the client's hospitalization. If a client threatens to harm him or herself, we may be required to seek hospitalization. We will not use your health information in any of our Center's marketing, development, public relations, or related activities without your written authorization.

9. To other third party services such as billing services when you pay for sessions either online at <http://store.inspiredteentherapy.com/> or in person using the SparkPay terminal card reader.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

As a client of Inspired Teen Therapy, PLLC, you have these important rights:

Our official contact information is as follows:

Inspired Teen Therapy, PLLC . 2634 Bering Dr #705 Houston TX 77057 . 888-945-8207

A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.

B. You can ask us for electronic copies of the information listed above.

C. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location.

F. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.

G. You can make a written request that we amend the information above.

H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.

I. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.

J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Center's operations. This can go back as far as six years, but not before Oct 1, 2016.

K. If you request the accounting in "J" above more than once in a 12-month period we may charge you a fee based on our actual costs of tabulating these disclosures.

L. You have a right to know that Inspired Teen Therapy has signed a Business Associate Agreement with Google for the use of Google Mail, Google Forms, Google Drive, Google Calendar, & Google Sites.

A "business associate" is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. A member of the covered entity's workforce is not a business associate. A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity. Business associate functions and activities include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing. Business associate services are: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial. See the definition of "business associate" at 45 CFR 160.103.

M. Inspired Teen Therapy utilizes unencrypted email as a means of communication regarding administrative tasks, session content, and some Protected Health Information, such as names, birthdates, e-mail addresses, and telephone numbers and other types of PHI may be included. If you do not want to use email communication to correspond with Sasha, you may submit a written request indicating your preferred communication method.

N. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to the United States Department of Health and Human Services. We will provide you with that address upon written request.

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Client Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature / Adult Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_