

## NOTICE OF PRIVACY PRACTICES

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

### I. Who is Subject to This Notice

Wholemind Psychiatry

### II. My Responsibility

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This Notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that I collect and maintain;
- Follow the terms of my Notice currently in effect.

### III. Contact Information

After reviewing this Notice, if you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to the following contact person:

Wholemind Psychiatry

713-489-8964

### IV. Uses and Disclosures of Information

Under federal law, I am permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations. However, the American Psychiatric Association's Principles of Medical Ethics or state law may require me to obtain your express consent before I make certain disclosures of your personal health information. Participants in this organized health care arrangement also share health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

### V. Other Uses and Disclosures

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without authorization for the following additional purposes:

Abuse, Neglect, or Domestic Violence

- As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. If feasible, I will inform you promptly that I have made such a disclosure.

#### Business Associates

- I may share health information about you with business associates who are performing services on our behalf. For example, I may contract with a company to service and maintain my computer systems, or to do our billing. I will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

#### Communications with Family and Friends

- I may disclose information about you to persons who are involved in your care or payment for your care, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care.

- If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

#### Food and Drug Administration (FDA)

- I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

#### Health Oversight

- I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.

#### Law Enforcement

- I may disclose health information about you to a law enforcement official for certain law enforcement purposes. Such disclosure will only occur when required by law.

#### Judicial or Administrative Proceedings

- I may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations.

#### Minors

- If you are an unemancipated minor under Texas law, there may be circumstances in which I disclose health information about you to a parent, guardian, or other person acting in place of the parent, in accordance with my legal and ethical responsibilities.

#### Notification

- I may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death.

#### Notice of Privacy Practices Continued

- If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in

your best interest regarding any such disclosure.

#### Parents

- If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, I may disclose health information about your child to you under certain circumstances. For example, if I am legally required to obtain your consent as your child's personal representative in order for your child to receive care from me, I may disclose health information about your child to you.
- In some circumstances, I may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, I may not disclose health information about your child to you without your child's written authorization.

#### Personal Representative

- If you are an adult or emancipated minor, we may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

#### Public Health Activities

- As required or permitted by law, I may disclose health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.

#### Public Safety

- Consistent with my legal and ethical obligations, I may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public.

#### Required By Law

- I may disclose health information about you as required by federal, state, or other applicable law.

#### Research

- I may disclose health information about you for research purposes in accordance with my legal obligations. For example, I may disclose health information without a written authorization if an Institutional Review Board (IRB) or authorized privacy board has reviewed the research project and determined that the information is necessary for the research and will be adequately safeguarded.

#### Specialized Government Functions

- I may disclose health information about you for certain specialized government functions, as authorized by law. Among these functions are the following: military command; determination of veterans' benefits; national security and intelligence activities; protection of the President and other officials; and the health, safety, and security of correctional institutions.

#### Workers' Compensation

- I may disclose health information about you for purposes related to workers' compensation, as required and authorized by law.

#### VI. Your Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction.
- Request that I communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a P.O. Box. I will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of, the health information about you that is maintained in my files. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision. I must provide the copy within 15 business days of your written request for your records
- Request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a paper copy of this Notice

In order to exercise any of your rights described above, you must submit your request in writing to me. If you have questions about your rights, please speak with me in person or by phone, during normal office hours.

#### VII. To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-(800) 368-1019; or by sending an email to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov). I cannot, and will not, make you waive your right to file a complaint as a condition of receiving care from us, or penalize you for filing a complaint with HHS.

#### VIII. Revisions to this Notice

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties, or other privacy practices described in the Notice, I will promptly distribute the revised Notice, post it in the waiting area of my office, and make copies available to my patients and others.