

Heather R. Roberts, MA, LMFT, LPC

Licensed Marriage and Family Therapist

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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.

When you receive psychotherapy in the private practice of Heather R. Roberts, MA, LPC, LMFT I will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about my duty to protect your health information, your privacy rights, and how I may use or disclose your health information.

HEATHER ROBERTS' DUTIES

The law requires me to protect the privacy of your health information. This means that I will not use or let other people see your health information without your permission except in the ways I tell you in this notice. I will safeguard your health information and keep it private. This protection applies to all health information I have about you, no matter when or where you received or sought services. When you are in my office, I will not allow any unauthorized person to interview, photograph, film or record you without your written permission. I will not tell anyone if you sought, are receiving or have ever received services from me unless the law allows me to disclose that information.

I will ask you for your written permission to use or disclose your health information. There are times when I am allowed to use or disclose your health information without your permission as explained in this notice. If you give me your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, I will not be liable for using or disclosing your health information before I know you revoked your permission. To revoke your permission, send a written statement signed by you to my office address (above) where you gave your permission, providing the date and purpose of the permission and stating that you want to revoke it.

I am required by law to give you this notice of my legal duties and privacy practices and I must do what this notice says.

I will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows me to disclose the information.

If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws

that protect alcohol or drug abuse treatment records is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you or about any threat to commit a crime against a specified individual (s). Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

YOUR PRIVACY RIGHTS

You can look at or get a copy of health information that I have about you. There are some reasons why I would not let you see or get a copy of your health information (for example: I believe it would endanger your health) and if I deny your request, I will tell you why. You can appeal my decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you will be charged a small fee for the copy.

You can ask me to correct information in your records if you think the information is incorrect. You can submit a written request of modification; it will be placed in your records.

You can get a list of when I have given health information about you to other people in the last six years. This list will not include disclosures for treatment, payment, health care operations, national security, law enforcement or disclosures where you gave your permission.

You can ask me to limit some the ways I use or share your health information. I cannot agree to limit the uses or sharing of information that are required by law.

You can ask me to contact you at a different place or in some other way or to exclude a particular form of contact (email, fax, text, etc). I will agree to your request as long as it is reasonable.

You can get a copy of this notice any time you ask for it.

TREATMENT, PAYMENT AND HEALTHCARE

Treatment: I can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask me not to, I may also contact you to remind you of an appointment or to offer treatment alternatives for other health related information that may benefit you.

Payment: I can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan.

Unless you are receiving treatment for alcohol or drug abuse, I am permitted to use or disclose your health information without your permission for the following purposes:

When required by law. I may use or disclose your health information as required by state or federal law.

To report suspected child/elderly abuse or neglect.

To address a serious threat to health or safety. I may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

To a government authority of this therapist thinks that you are a victim of abuse. I may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.

To Advocacy, Inc. I may disclose your information to Advocacy, Inc. in accordance with federal law, to investigate a complaint by you or on your behalf.

For public health and health oversight activities. I may disclose your health information when I am required to collect information about disease or injury for public health investigations or to report vital statistics.

To comply with legal requirements. I may disclose your health information to an employee or agent of a doctor or other professional who is treating you to comply with statutory or licensing requirements, as long as your information is protected and is not disclosed for any other reason.

For purposes related to your death. If you die, I may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

To a correctional institution: If you are in the custody of a correctional institution I may disclose your health information to the institution in order to provide health care to you.

To your legally authorized representative (LAR). I may share your health information with a person appointed by a court to represent your interest.

If you are receiving services for mental retardation. I may give health information about your current physical and mental condition to your parent or guardian.

In judicial and administrative proceedings. I may disclose your health information in any criminal or civil proceedings if a court of administrative judge has issues an order that requires me to disclose it. Some types of court or administrative proceedings where I may disclose your health information are:

Commitment proceedings for a mental or emotional condition or disorder.

Proceedings regarding abuse or neglect of a resident of an institution.

License revocation proceedings against a doctor or other professional.

To the Secretary of Health and Human Services: I must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

If you are also being treated for alcohol or drug abuse, I will not tell any unauthorized person that you have been admitted to an applicable treatment facility or that you are being treated for alcohol or drug abuse, without your written permission. I will not disclose any information identifying you as an alcohol, drug or substance user, except as allowed by law

I may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

Pursuant to a special court order that complies with 42 Code of Federal Regulations and 45 Code of Federal Regulations;
To medical personnel in a medical emergency;
To report suspected child/elder abuse or neglect;
To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services as allowed by law, to investigate a report that you have been abused or have been denied your rights.

Federal and State laws prohibit redisclosure of information about alcohol or drug abuse treatment without your permission.

COMPLIANT PROCESS:

If you believe that this therapist has violated your privacy rights you have the right to file a complaint by contacting:

Texas State Board of Examiners of Marriage and Family Therapists
1100 W. 49th St.
Austin, Texas 78756
512-834-6657

Or

Texas State Board of Examiners of Licensed Professional Counselors
1100 W. 49th St.
Austin, Texas 78756
512-834-6658

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

This therapist will not retaliate against you if you file a complaint.