

Notice of Privacy Practices

The purpose of this document is to describe how your medical information may be used and disclosed and how you can get access to this information.

Regarding Your Health Information

Your therapist understands that health information about you and your health care is personal. Your therapist is committed to protecting health information about you. Your therapist will create a record of the care and services you receive from them. Your therapist will need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Simply Sukoon LLC. This notice will tell you about the ways in which your therapist may use and disclose health information about you. This notice will also describe your rights to the health information that is kept about you, and describe certain obligations your therapist has regarding the use and disclosure of your health information. Your therapist is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of your therapist’s legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

Simply Sukoon LLC can change the terms of this Notice, and such changes will apply to all information your therapist has about you. The new Notice will be available upon request.

Use and Disclosure of Your Health Information

The following categories describe different ways that your therapist may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways your therapist is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. Your therapist may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your therapist may disclose health information in response to a court or administrative order. Your therapist may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Uses And Disclosures Requiring Your Authorization

- **Psychotherapy Notes** - Your therapist will keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - For your therapist's use in treating you.
 - For your therapist's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For your therapist's use in defending themselves in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate your therapist's compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- **Marketing Purposes** - As a psychotherapist, your therapist will not use or disclose your PHI for marketing purposes.
- **Sale of PHI** - As a psychotherapist, your therapist will not sell your PHI in the regular course of business while at Simply Sukoon LLC.

Uses And Disclosures NOT Requiring Your Authorization

Subject to certain limitations in the law, your therapist can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order. It is your therapist's preference to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on Simply Sukoon LLC premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.

- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Preference is to obtain an Authorization from you, but your therapist may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. Your therapist may use and disclose your PHI to contact you to remind you that you have an appointment.

Uses and Disclosures Where You Have The Opportunity To Object

Disclosures to family, friends, or others. Your therapist may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Your Rights With Respect to Your PHI

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask your therapist not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your therapist is not required to agree to your request, and your therapist may say “no” if your therapist believes it would affect your health care.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- **The Right to Choose How Your Therapist Sends PHI to You.** You have the right to ask your therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and your therapist will agree to all reasonable requests.
- **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that your therapist has about you. Psychotherapy notes are a part of your medical record and Simply Sukoon has 30 days to respond to a records request and 60 days if the records are stored off-site. You may also request a correction to your records. Your therapist will provide you with a copy of your record, or a summary of it, if you agree to receive a summary and Simply Sukoon LLC will charge \$30 for a records request. You are responsible for all charges incurred due to this service.
- **The Right to Get a List of the Disclosures Your Therapist Has Made.** You have the right to request a list of instances in which your therapist has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your therapist with an Authorization. Your therapist will respond to your request for an accounting of disclosures within

60 days of receiving your request. The list will include disclosures made in the last one year unless you request a different time period (up to six years prior to records request). Simply Sukoon LLC will charge \$30 for this record of disclosure request if more than one request is made in a one year period. You are responsible for all charges incurred due to this service.

- **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your therapist correct the existing information or add the missing information. Your therapist may say “no” to your request, but your therapist will tell you why in writing within 60 days of receiving your request.
- **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Further Information & Complaints

Contact Person for Complaints or Further Information: To request more information about this notice, you may contact the person listed below. You will not be retaliated against in any way for filing a complaint. You may file a complaint either directly to us or to:

Complaints Management and Investigative Section
P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540

To File a Complaint with Simply Sukoon LLC, you may submit one in writing with as many details as possible to the following address/email:

Simply Sukoon LLC
11807 Westheimer Road, STE 550 PMB 890
Houston, TX 77077
contact@simplysukoon.com

Your signature below confirms that you have read, agree to, and fully understand this document and all other Simply Sukoon Policies and Consent Forms. You understand the contents of these documents, including the risks and benefits of services provided. You have been provided ample opportunity to ask questions and seek clarification for anything that is unclear to you. This confirmation constitutes a legally binding signature.

_____ (Client Signature) _____ (Date)

_____ (Parent/Guardian Signature - if client is under 18)