

CJ Therapy PLLC
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Notice of Privacy Practices

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.

I am required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of my legal duties and privacy practices with respect to PHI, and to notify you promptly if a breach occurs that may have compromised the privacy or security of your information. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care to you; and the past, present, or future payment for the provision of health care to you.

This Notice of Privacy Practices (“Notice”) describes how I may use and disclose PHI to carry out treatment, obtain payment, perform my health care operations, and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to PHI about you. I use and disclose your PHI in compliance with all applicable state and federal laws. I am required to follow the terms of this Notice currently in effect. I will not use or disclose your PHI without your written authorization, except as described in this Notice.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that I use and disclose PHI. Not every specific use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** I may use or disclose your PHI to provide and coordinate the mental health treatment and services you receive. For example, if your mental health care needs to be coordinated with the medical care provided to you by another physician, I may disclose your PHI to a physician or other health care provider.
- **For Payment.** I may use and disclose your PHI for various payment-related functions, so that I can bill for and obtain payment for the treatment and services I provide for you. For example, your PHI may be provided to an insurance company so that they will pay claims for your care.
- **For Health Care Operations.** I may use and disclose your PHI for certain operational, administrative, and quality assurance activities, in connection with my health care operations. These uses and disclosures are necessary to run the practice and to make sure that my patients receive quality treatment and services. For example, I may share your PHI with third parties that perform various business activities (e.g. billing, health records) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.
- **Required by Law.** I may use and disclose your PHI in accordance with federal and state laws. Please see below for detailed information.

WHEN YOUR AUTHORIZATION IS NOT REQUIRED

I am allowed or required under federal or state laws to use or disclose your PHI without your permission only when certain circumstances may arise. I may use or disclose your PHI without your permission for the following purposes:

- **Parents or Legal Guardians.** If you are a minor, I may disclose your PHI to your parents or legal guardians when I am permitted or required under federal or state law.
- **Public Health and Safety Issues.** I may disclose your PHI to appropriate authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.
- **Avert a Serious Threat to Health or Safety.** I may disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or other crimes.
- **Abuse to a Child, Elderly Person, or Person with a Disability.** If I have cause to believe that a child, elderly person, or person with a disability has been, or may be, abused, neglected, or exploited I must make a report of such within 48 hours to the Texas Department of Family and Protective Services, appropriate state agency, or to any local or state law enforcement agency. I may disclose your PHI in this process.

- **Sexual Misconduct by a Mental Health Services Provider.** If I have cause to suspect you have been the victim of sexual exploitation, sexual contact, or therapeutic deception by a mental health services provider, I am required to report this information to local authorities and the licensing authority of the offending therapist. I may disclose your PHI in this process.
- **Abuse, Neglect, and Illegal, Unprofessional, or Unethical Conduct In Healthcare Facilities.** If I have cause to believe that abuse, neglect, or illegal, unprofessional, or unethical conduct has occurred in an inpatient mental health facility, a chemical dependency treatment facility, or a hospital providing comprehensive medical rehabilitation services, I must report this information to the agency that licenses the facility or to the appropriate state health care regulatory agency. I may disclose your PHI in this process.
- **Research.** I may use or disclose your PHI for health research.
- **Comply with the Law.** I may use or disclose your PHI if state or federal laws require it, including with the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Organ or Tissue Donation Requests.** I may disclose PHI with organ procurement organizations.
- **Coroners, Medical Examiners, and Funeral Directors.** I may PHI with a coroner, medical examiner, or funeral director when an individual dies.
- **Address Worker's Compensation, Law Enforcement, Health Oversight Agencies, and Other Government Requests.** I may use or disclose PHI about you for worker's compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military and veterans, national security and intelligence, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations, and the National Instant Criminal Background Check System.
- **Lawsuits, Legal Actions, Judicial and Administrative Proceedings.** I use or disclose your PHI in response to a court or administrative order, or 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.
- **Data Breach Notification Purposes.** I may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- **Treatment Alternatives & Health-Related Benefits and Services.** I may use and disclose your PHI to tell you about or recommend possible alternative treatments, therapies, health care providers, settings of care, or health-related benefits or services that may be of interest to you.
- **Appointment Reminders.** I may use or disclose PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

WHEN YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

For certain PHI, you can tell me your choices about what I share. Please let me know if you have a clear preference for how I share your information in the situations described below. *If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, you have both the right and choice to tell me to:

- Share your information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

I do not maintain a facility directory of individuals.

WHEN YOUR AUTHORIZATION IS REQUIRED

I will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). If you give me an authorization, you may revoke it by submitting a written notice to me at the contact information listed below. Your revocation will become effective upon my receipt of your written notice. If you revoke your authorization, I will no longer use or disclose PHI about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your PHI for any reason except those described in this Notice.

In these cases, I never share your information unless you give me written permission and only as permitted by law:

- Most Sharing of Psychotherapy Notes
- Marketing
- Sale of PHI

I will not contact you for fundraising efforts.

YOUR RIGHTS

You have privacy rights under federal and state laws that protect your PHI. This section explains your rights and some of my responsibilities to help you:

- **Access Your Medical Record.** You have the right to view and/or obtain an electronic or paper copy of your medical record and other PHI I have about you. You may not be able to obtain all of your information in a few special cases, for example, if I determine that the information may endanger you or someone else. In most cases, your copies must be given to you within fifteen (15) days from the date I receive a written request. In accordance with Texas law, you have the right to obtain a copy of your PHI in electronic form for records that I maintain using an Electronic Health Records (EHR) system capable of fulfilling the request. Where applicable, I must provide those records to you or your legally authorized representative in electronic form within fifteen (15) days of receipt of your written request and a valid authorization for electronic disclosure of PHI. You may request a copy of an authorization from me at the contact information listed below. I may charge you a reasonable, cost-based fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request.
- **Request an Amendment of PHI.** If you feel that PHI I have about you is incorrect or incomplete, you have the right to request an amendment to the information. Requests must identify which information you seek to amend, what corrections you would like to make, and why the information needs to be amended. In my response, I will either agree to make the amendment or inform you of my denial, explain my reason, and outline appeal procedures.
- **Request Confidential Communications.** You have the right to request that I contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will accommodate all reasonable requests.
- **Request Limits on Certain Uses and Disclosures of PHI.** You have the right to request limits on my use or disclosure of your PHI for treatment, payment, or my operations. I am not required to agree to those requests, and I cannot agree to restrictions on uses or disclosures that are legally required or which are necessary to administer my business. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer, unless a law requires me to share that information.
- **Receive a List of Disclosures.** You have the right to request a list (accounting) of the times I have disclosed your PHI for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those regarding treatment, payment, and health care operations, and certain other disclosures (such as any you requested). I will provide one accounting per year free of charge. For any subsequent accounting, I may charge you a reasonable, cost-based fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request.
- **Obtain a Copy of the Notice Upon Request.** You have the right to request a copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may request a paper copy from me at the contact information listed below, and it will be mailed to you promptly. I may charge you a reasonable, cost-based fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. I will make sure the person has this authority and can act for you before I take any action.
- **Notification in the Event of a Breach.** You have the right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. I will provide notice to you as soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.
- **File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with me at the contact information listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint. However, my ethical code may require me to terminate therapy with you and refer you to other providers if you file a complaint.

CHANGES TO THIS NOTICE

I reserve the right to change my privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changed Notice effective for all PHI that I maintain, including PHI I created or received before I made the changes. When I make a change in my privacy practices, I will change this Notice and make the new Notice available to you.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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