

1. Introduction

This notice describes how mental health and treatment information about you may be used and disclosed and how you can get access to this information. Erin Kehrier, LCSW may use or disclose your protected health information (information that could identify you) in certain ways detailed in this notice. If you have any questions about this notice, please contact me at 832-821-8188.

2. How I may use and disclose protected health information

The following categories describe the different ways I may use and disclose health information that identifies you, known as protected health information (PHI). For each category of uses or disclosures, I will explain what I mean and give some examples. Not every possible use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose PHI will fall within one of the categories.

2.A. For treatment

- I may use or disclose your health information to provide and coordinate the mental health treatment and services you receive. This includes, among other things, coordination of your mental health care with the medical care provided to you by another physician or healthcare provider, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a client for health care from one health care provider to another.
- Your PHI may also be used or disclosed by me during clinical supervision or professional consultation in order to assist me 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.
- Your PHI may also be used or disclosed to carry out a healthcare provider's own treatment.

2.B. For payment

- I may use and disclose your health information 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.

2.C. For healthcare operations

- I may use and disclose your health information for operational, administrative and quality assurance activities, in connection with my healthcare operations. These uses and disclosures are necessary to run the practice and to make sure that my clients receive quality treatment and services.
- For example, healthcare operations include conducting quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, offering clinical supervision to other mental health professionals, maintaining certification, licensing, credentialing, or obtaining accreditation for specialized health care services.

2.D. Appointment reminders, treatment alternatives, and health-related services

- I may use or disclose PHI to contact you to remind you that you have an appointment with me. You have a right, as explained below, to request restrictions or limitations on the PHI I disclose. and, to request that information be communicated with you using a certain method or at a certain location.
- I may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

3. Disclosures requiring a specific authorization from you

- I will obtain your written authorization before using or disclosing your PHI for purposes other than those described in section 2 above and section 4 below (or as otherwise permitted or required by law). The written authorization would describe permission for specific disclosures.
- If you give me an authorization, you may revoke it by submitting a written revocation by mail to the address provided in section 7. Your revocation will become effective upon my receipt of your written notice.
- If you revoke your authorization, I will no longer use or disclose health information 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 health information for any reason except those described in this Notice.
- The following uses and disclosures of your PHI will be made only with your written authorization:
 - o Uses and disclosures of PHI for marketing purposes;
 - o Disclosures that constitute a sale of your PHI;
 - o Disclosing or releasing to others your mental and behavioral health records (such as the psychotherapy notes I keep from our sessions); and
 - o Records of drug, alcohol, or substance abuse treatment.

4. Disclosures NOT requiring a specific authorization from you

I am permitted to use or disclose your protected health information without your specific authorization in the following circumstances:

4.A. Disclosures associated with significant others

- **Suspected abuse of a child, elderly, or disabled person.** If I have cause to believe that a child, elderly person, or disabled person has been, or may be, abused, neglected, exploited, or sexually abused, I am legally mandated to make a report within 48 hours to the appropriate state or local agency.
- **Individuals involved in your care or payment for your care.** I may disclose PHI to a significant other or family member who is involved in your medical care or payment for your care.
- **Disclosures to parents or legal guardians.** If you are a minor, I may release your PHI to your parents or legal guardians when permitted or required under applicable law.

4.B. Health and safety-related disclosures

- **Public health.** I may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. I will only make such disclosures if you agree or when required or authorized by law.
- **To avert a serious threat to health or safety.** I may use and 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 use or disclose your PHI to assist in a disaster relief effort so that your significant others may be notified about your condition, status, and location. I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse or neglect or the possible victim of other crimes.
- **Health oversight activities.** I may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for my licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law. If a complaint is filed against me with the state licensing board connected to my professional licensure, the board has the authority to subpoena your PHI from me relevant to that complaint.
- **Research.** Under certain circumstances, I may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

4.C. Legal, law enforcement, and judicial-related disclosures

- **As required by law.** I will disclose PHI when required to do so by international, federal, state, or local law.
- **Law enforcement.** I may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, or similar process, or in the event of an emergency, or a crime occurring on practice premises.
- **Judicial and administrative proceedings.** If you are involved in a lawsuit or a legal dispute, I may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute. These disclosures will be made only after efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Worker's compensation.** I may disclose your PHI in order to comply with worker's compensation laws.

4.D. Specialized government and community functions

- **Coroners, medical examiners, and funeral directors.** I may release your PHI to assist in identifying a deceased person or determine a cause of death.
- **Organ or tissue procurement organizations.** Consistent with applicable law, I may disclose your PHI to entities involved in the process of organ and tissue donation and transplant.

- **Correctional institutions.** If you are or become an inmate of a correctional institution, I may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.
- **Military and veterans.** If you are a member of the armed forces, I may release your PHI as required by military command authorities.
- **National security, intelligence activities and protective services for the President and others.** I may disclose your PHI to authorized federal officials for intelligence, counterintelligence, provision of protection to the President of the United States, and other national security activities authorized by law.

4.E. Data security

- **Business associates.** I may disclose PHI to my business associates that perform functions on my behalf or provide me with services when the information is necessary to carry out those functions and services. All my business associates are obligated to protect the privacy and security of your information and are not allowed to use or disclose any information other than as specified in my contract with them.
- **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.

5. Your rights regarding your PHI

- **The right to request limits on uses and disclosures of your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes by sending me a written request. I am not required to agree to your request. I may decline the request if I believe it would affect your health care. I also cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer my business.
- **Right to make choices about what I share.** You have the right to tell me to share information with your family, close friends, or others involved in your care or in a disaster relief situation. If am not able to communicate with your preferred contact person, I may share your information if I believe it is in your best interest (e.g., if it is needed to lessen a serious and imminent threat to health or safety).
- **Right to request restrictions concerning out of pocket payments.** If you are paying out of pocket (or in other words, request that I not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service will not be disclosed to a health plan for purposes of payment or health care operations and I will agree to the request unless I am required by law to disclose that information.
- **The right to request confidential communications.** You have the right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. For example, you can ask that you only be contacted at work or by mail. I will accommodate all reasonable requests.
- **To access PHI.** You have the right of access to inspect and obtain a paper or electronic copy (or both) of your protected health information in our mental health records for as long as your protected health information is maintained in the record. You may not be able to obtain all your information in a few special cases. For example, if I determine that the information may endanger you or someone else,

your request for access to some of the information may be denied. In most cases you or your legally authorized representative will be given a copy of your record, or a summary of it (if you agree to receive a summary) within 15 days of my receiving your written request and any other necessary authorization documentation. I may charge a reasonable, cost-based fee for doing so and I am generally not required to produce requested records until the fee is paid.

- **Right to request amendment to your PHI.** You have the right to request an amendment or correction of your protected health information in the record. I have a right to deny your request. On your request, I will discuss with you the details of the amendment process in writing within 60 days.
- **Right to an accounting of disclosures.** You have the right to request a list of disclosures of your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. I will include disclosures made for up to the last six years unless you request a shorter time frame. I will provide one accounting per year at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- **Right to 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 health information. I will make sure the person has this authority and can act for you before I take any action.
- **Right to get a paper and/or electronic copy of this Notice.** You have the right to request a paper copy of this notice, and you have the right to get an electronic copy. You can request a paper copy of this notice at any time even if you have agreed to receive this notice electronically.
- **Right to file a complaint.** If you believe I have violated your privacy rights, you may file a complaint with me using the information listed in section 7 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.

6. My responsibilities as your provider

- I am required by law to maintain the privacy and security of your protected health information.
- In the unlikely event of a data breach resulting in a possible unintended disclosure of your PHI, I will make every reasonable effort to inform you of the issue and the corrective actions being taken.
- I must follow the duties and privacy practices described in this notice that is currently in effect and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time by letting me know in writing.

7. Contact me

For more information about this Notice and my privacy practices or if you have questions or concerns, please contact me:

Erin Kehrier, LCSW
 615 W 27th St Unit C,
 Houston, TX 77008
 832-821-8188
 erin@erinlkehrierlcsw@gmail.com

8. Effective date of this Notice

I reserve the right to change my privacy practices and the terms of this Notice at any time and such changes will apply for all health information that I maintain, including health information 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.

The most up-to-date copy of this notice can be found on my website at:
www.erinlkehrierlcsw.com

This notice went into effect as of 09/01/2021.

9. Acknowledgement of receipt of Notice of privacy practices

Client Name:	
	First and Last Name

My signature, or my Personal Representative’s signature below, acknowledges that I have been provided with a copy of Erin Kehrier, LCSW’s Notice of Privacy Practices which describes how my health information is used and shared. I understand that the practice has a right to change this Notice at any time. I may obtain a current copy by contacting Erin Kehrier, LCSW.

Signature and Date:		
	Signature of Client or Personal Representative	Date (mm/dd/yyyy)
Print Name:		
	Printed name of Client or Personal Representative	

If a Personal Representative has signed this form on behalf of the Client, indicate the title or role of the Personal Representative below.

Personal Representative Title / Role	
	Example: parent / guardian, health care power of attorney