

KELLY'S HOME THERAPY SERVICES, LLC

Houston, TX 77062-2527

Phone: 281.309.1981 FAX: 832.284.4732

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (“PERSONAL MENTAL HEALTH INFORMATION”) MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, you may ask a member of the staff where you receive health care services.

USES AND DISCLOSURES WE ARE PERMITTED OR REQUIRED TO MAKE

The following is a description of the types of Uses and Disclosures of your personal mental health information that we are permitted or required to make. Not every Use or Disclosure possible is listed, but all of the ways that we are permitted to Use and Disclose your personal mental health information will fall within one of these general categories.

Treatment

We will Use and Disclose your personal mental health information to provide your mental health care and any related services. This includes Disclosure of your personal mental health information to doctors, hospitals, pharmacies and other third parties who are involved in your care.

Payment

We will Use and Disclose your personal mental health information so that we may bill and payment may be collected for the mental health care services you receive. This includes activities such as communicating your personal mental health information to an insurance company.

Health Care Operations

We will Use and Disclose your personal mental health information as necessary for mental health care operations.

Appointment Reminders

We may call you on the telephone to remind you of an upcoming appointment. We may leave you a message that includes the date, time and general information about an upcoming appointment on your telephone answering device. We may send you an appointment reminder in the e-mail or via text message on your cell phone.

Individuals Involved in Your Care

We may Disclose your personal mental health information to those people who you tell us you would like to involve in your care, such as family members and friends.

As Required By Law or Legal Process

We will Disclose your personal mental health information when we are required to do so by local, state or federal law or process of law.

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To Avert a Serious Threat to Health or Safety

We may Use or Disclose your personal mental health information to prevent a serious threat to your health and safety, or the health and safety of others.

Lawsuits and Disputes

If you are involved in a lawsuit or other dispute, we may Disclose your personal mental health information in response to documents such as a court order or when certain other requirements are met.

Your Right to a Paper Copy of this Notice

You have a right to obtain a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Authorizations

When you complete an authorization form that complies with the law, we will Disclose your personal mental health information as you have directed.

CHANGES TO THIS NOTICE

We may change this Notice at any time. We may make the revised or changed Notice effective for personal mental health information we already have as well as any personal mental health information we receive in the future.

If we make material changes in our privacy practices, we will promptly and make available upon request our changed Notice. Our changed Notice will be effective for all of your personal mental health information that we have as of the effective date of such changed Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the United States Secretary of Health and Human Services.

The address for the Department of Health and Human Services is:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202)619-0257 / Toll Free: 1-877-696-6775.

Signature

Date