

**NANCY NEPTUNE, MA, LPC  
NOTICE OF PRIVACY PRACTICES  
Effective: April 14, 2003**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

This notice will tell you how my office may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, I simply call all protected health information, "health information."

This notice also will tell you about your rights and my duties with respect to health information about you. In addition, it will tell you how to complain if you believe my office has violated your privacy rights.

**How My Office May Use and Disclose Health Information About You**

We use and disclose health information about you for a number of different purposes. Each of these purposes is described below.

**For Treatment:**

My office may use health information about you to provide, coordinate or manage the services, supports, and care you receive from me and other providers. My office may disclose health information about you to doctors, nurses, psychologists, social workers, and other persons who are involved in supporting you or providing care. My office may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, my office may discuss your information to develop and carry out your treatment plan. My office may need to disclose health information to outside entities (for example, your insurance company, Medicaid, etc.) to obtain authorization for services for you.

**For Payment:**

My office may use and disclose health information about you so I can be paid for the services I provide to you. This can include billing a third party payer, such as your insurance company or Medicaid. For example, my office may need to provide information about the services I provide to you so I will be reimbursed for those services.

**For Health Care Operations:**

My office may use and disclose health information about you for our own operations. These disclosures are necessary to operate and to maintain quality for clients and patients. For example, my office may use health information about you to review the services I provide, to study ways to more efficiently manage the office, and for licensing activities.

**How We Will Contact You**

Unless you inform me otherwise in writing, my office may contact you by either telephone or mail at either your home or your workplace. At either location, my office may leave messages for you on the answering machine or voice mail. If you want to request that my office communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 6 of this Notice.

**Appointment Reminders:**

My office may use and disclose health information about you to contact you to remind you of an appointment for treatment or services.

**Treatment and Services Alternatives:**

My office may use and disclose health information about you to contact you about treatment and service alternatives that may be of interest to you.

**Health Related Benefits and Services:**

My office may use and disclose health information about you to contact you about health-related benefits and services that may be of interest to you.

**Disclosure to Family and Others:**

My office may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. My office also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative or close personal friend that you do not want us to disclose health information about you to, please notify me at 5701 Woodway, Drive, Ste 127, Houston, TX 77057.

**Disaster Relief:**

My office may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**Required by Law:**

My office may use or disclose health information about you when required to do so by law.

**Public Health Activities:**

My office may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect.

**Victims of Abuse, Neglect or Domestic Violence:**

My office may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is " (a) required by law; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Health Oversight Activities.**

My office may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

**Judicial and Administrative Proceedings:**

My office may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Disclosure of Law Enforcement Purposes:**

We may disclose health information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court, grand jury or administrative order, warrant or subpoena.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- About crimes that occur at my office.
- To report a crime in emergency circumstances.

**To Avert Serious Threat to Health or Safety:**

My office may use or disclose protected health information about you if we believe the use of disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. My office may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**Military:**

If you are a member of the Armed Forces, my office may use and disclose health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. My office may also release information about foreign military personnel to the appropriate foreign military authority for the same purpose.

**National Security and Intelligence:**

My office may disclose health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President:**

My office may disclose health information about you to authorized federal officials so they can provide protection to the



President of the United States, certain other federal officials, or foreign heads of state.

#### **Security Clearances:**

My office may use health information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

#### **Inmate; Persons in Custody:**

My office may disclose health information about you to a correction institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

#### **Workers Compensation:**

My office may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

#### **Other Uses and Disclosures:**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Nancy Neptune, MS, LPC., 5701 Woodway Drive, Ste 127, Houston, TX 77057. in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

### **Your Rights With Respect to Health Information About You**

You have the following rights with respect to health information that my office maintains about you.

#### **Right to Request Restrictions:**

You have the right to request that my office restrict the uses or disclosures of health information about you to carry out treatment, payment or health care operations. You also have the right to request that my office restrict the uses or disclosures to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts. For example, you could ask that no disclosure about your health information be made to your sister or brother.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to me, Nancy Neptune, MA, LPC at (713) 622-1922 or 5701 Woodway Drive, Ste 127, Houston, TX 77057. Please tell me: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

I am not required to agree to any restriction. However, if I do agree, my office will follow that restriction unless the information is needed to provide emergency treatment. Even if I agree to a restriction, either you or we can later terminate the restriction.

#### **Right to Receive Confidential Communications:**

You have the right to request that my office communicate health information about you to you in a certain way or at a certain location. For example, you can ask that my office only contact you by mail or at work. My office will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to me, Nancy Neptune, MA, LPC., 5701 Woodway Drive, Ste 127, Houston, TX 77057. Your request must state how or where you can be contacted and we will accommodate your request.

#### **Right to Inspect and Copy:**

With very few limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of health information about you.

To inspect or copy health information about you, you must submit your request in writing to me, Nancy Neptune, MA, LPC at (713) 622-1922 or 5701 Woodway Drive, Ste 127, Houston, TX 77057. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, my office may charge a fee for the cost of copying and, if you ask that it be mailed to you, the cost of mailing.

I will act on your request within thirty (30) calendar days after it is received. If we grant your request, in whole or in part, I will inform you of the acceptance of your request and provide access and coping.

I may deny your request to inspect and copy health information if the health information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding,

If your request is denied, I will inform you of the basis for the denial, how you may have the denial reviewed, and how you may complain. If you request a review of the denial, it will be conducted by a licensed health care professional designated by my office who was not directly involved in the denial. My office will comply with the outcome of that review.



### **Right to Amend:**

You have the right to ask that health information about you be amended for so long as my office is required by law to maintain the information.

To request an amendment, you must submit your request in writing to me, Nancy Neptune, MA, LPC at (713)622-1922 or 5701 Woodway Drive, Ste 127, Houston, TX 77057. Your request must state the amendment desired and provide a reason in support of that amendment.

I will act on your request within sixty (60) calendar days after we receive your request. If I grant your request, in whole or in part, I will inform you of our acceptance of your request and provide access and copying.

If I grant the request, in whole or in part, I will seek your identification of and agreement to share the amendment with relevant other persons. I also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

I may deny your request to amend health information about you. I may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, I may deny your request to amend health information if I determine that the information:

- Was not created by my office, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the health information maintained by my office;
- Would not be available to you to inspect or copy; or,
- Is accurate and complete.

If I deny your request, I will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with the denial. Your statement may not exceed three pages. I may prepare a rebuttal to that statement. Your request for amendment, my denial of the request, your statement of disagreement, if any and my rebuttal, if any, will then be appended to the health information, involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or at my discretion, my office may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that I include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of health information involved.

You also will have the right to complain about the denial of your request.

### **Right to an Accounting of Disclosures:**

You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you requested the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your health information made to you;
- c. Disclosures that are incidental to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that could directly identify you have been removed);
- j. Disclosures made prior or April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement officials or a health oversight agency may be suspended. Should you request an accounting during the period of time our right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to me, Nancy Neptune, MA, LPC, 5701 Woodway Drive, Ste 127, Houston, TX 77057. Your request must state a time period for disclosures. It may not be longer than six (6) year from the date we receive your request and may not include dates before April 14, 2003.

Usually, my office will act on your request within sixty (60) calendar days after we receive your request. Within that time, my office will either provide the accounting of disclosures to you or give you written statement of when the accounting will be provided to you and why the delay is necessary.

There is no charge for the first accounting provided to you in any twelve (12) month period. For additional accounting, my office may charge you for the cost of provided the list. If there will be a charge, my office will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

### **Right to Copy of This Notice:**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even if you agree to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

To obtain a paper copy of this notice, contact me, Nancy Neptune, MA, LPC, 5701 Woodway Drive, Ste 127, Houston, TX 77057.

## **My Duties**

### **Generally:**

We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

### **Our right to Change Notice of Privacy Practices:**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

### **Availability of Notice of Privacy Practices:**

A copy of my current Notice of Privacy practices will be available at my office located at 5701 Woodway Drive, Ste 127, Houston, TX 77057.

### **Effective Date of Notice:**

The effective date of the notice will be stated on the first page of the notice.

### **Complaints:**

You may complain to me and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with me, contact me at 5701 Woodway Drive, Ste 127, Houston, TX 77057. All complaints should be submitted in writing..

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

### **Questions and Information:**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact me at 713-622-1922 or write to me at Nancy Neptune, MA, LPC, 5701 Woodway Drive, Ste 127, Houston, TX 77057.