Houston Heights Therapy

Notice of Privacy Practices

Houston Heights Therapy PLLC · Version 2.2 · Effective Date: 11/15/2026

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

I. Our Commitment to Your Privacy

Houston Heights Therapy PLLC (the Practice) creates and keeps records of the care we provide. We are required by law to protect the privacy of your protected health information (PHI), to give you this notice of our legal duties and privacy practices, to follow the notice currently in effect, and to notify you if a breach affects your unsecured information.

Texas law, including Texas Health and Safety Code Chapters 611 and 181, gives mental health information additional protection. Where Texas law is more protective than federal law, we follow Texas law.

We may change this notice, and a change will apply to all information we hold. The current notice is posted in our office and on our website, and is available on request.

II. How We Use and Share Your Information for Your Care

Treatment

We use your information to provide and coordinate your care. When we coordinate with providers outside the Practice, such as your psychiatrist or physician, we ask for your written authorization first.

Care coordination within the Practice

The Practice works as a clinical team. If you see more than one of our clinicians, for example an individual therapist and a group facilitator, those clinicians may share information with each other as needed to coordinate your care. This includes clinically relevant information and safety concerns. You may ask that specific information not be shared between your clinicians (see Section VI).

Payment

If you use insurance, we share the information your plan needs to process claims, such as dates of service, the services provided, and your diagnosis.

Health care operations and clinical supervision

We use information to run the Practice, review quality, and train clinicians. Licensed Master Social Worker (LMSW) associates discuss their cases with their clinical supervisor as Texas licensure requires, using the information needed to support your care. Our clinical supervisor also provides direct care, so your associate's supervisor may also be one of your own treating clinicians. If so, we will tell you.

Business associates

Some services are handled by outside companies, such as our electronic health record and billing systems. These companies sign agreements requiring them to protect your information.

Appointment reminders

We may contact you to remind you of appointments or to share information about treatment options or related services we offer.

III. Other Uses and Disclosures Without Your Authorization

Subject to the stricter limits of Texas law, we may use or disclose information without your authorization:

- When required by state or federal law.
- To report reasonable suspicion of abuse, neglect, or exploitation of a child, an elderly person, or a person with a disability.
- To medical or law enforcement personnel when there is a probability of imminent physical injury to you or someone else.
- To report sexual exploitation by a prior mental health provider, as Texas law requires. Your name is not included without your written consent.
- For health oversight activities, including audits, licensing board investigations, and inspections.
- In judicial and administrative proceedings, in response to a court order or as Texas law otherwise permits. A subpoena alone is not sufficient. We will make reasonable efforts to notify you first.
- To coroners or medical examiners performing duties authorized by law.
- For workers' compensation purposes when required by law.

Fees for legal and documentation requests

Time spent responding to legal process (such as subpoenas, depositions, or testimony) is billed at $1,500 per day. Letters, summaries, or reports you ask us to prepare are billed at the Practice's standard LCSW hourly rate. These fees do not apply to copies of your own records, which are covered in Section VI.

IV. Uses That Require Your Written Authorization

- Psychotherapy notes. Private process notes, kept separate from your record, are not shared without your authorization except for use by the clinician who wrote them, use in supervised clinical training, defense of a legal action you bring against the Practice, or as required by law or health oversight.
- Marketing. The Practice does not use or disclose your information for marketing.
- Sale of information. The Practice does not sell your information.
- Anything else. Any use or disclosure not described in this notice requires your written authorization.

You may revoke an authorization in writing at any time. Revocation does not undo disclosures already made in reliance on it.

V. Disclosures You May Object To

We may share relevant information with a family member, friend, or other person involved in your care unless you object. In an emergency, we may share information in your best interest and talk with you about it afterward. Another client of the Practice is not considered involved in your care because they are connected to you, and we do not share your information with them on that basis.

VI. Your Rights

Ask us to limit what we share

You may ask us not to use or share certain information for treatment, payment, or operations, including asking that specific information not be shared between your clinicians at the Practice. We are not required to agree to every request, but we will tell you which requests we can honor, and we cannot withhold safety information from the clinicians responsible for your care. If you pay in full out of pocket for a service, we must agree not to share information about that service with your health plan.

Choose how we contact you

You may ask us to contact you by a specific method or at a specific address. We will accommodate reasonable requests.

Get a copy of your records

You may request a copy of your records in writing. For records we keep electronically, Texas law requires us to provide an electronic copy within 15 business days of your request. We may charge a reasonable, cost-based fee. If your clinician determines that releasing part of your record would harm your physical, mental, or emotional health, we may withhold that part. We will give you a signed, dated written explanation of what is withheld, why, and for how long, and we will review that decision each time you ask again. At your request, we will release the withheld part to another professional you choose to treat the same or a related condition. Psychotherapy notes, if your clinician keeps them separately from your record, are handled differently under federal law; if you request them, your clinician will review the request with you.

Get a list of disclosures

You may request a list of disclosures made for purposes other than treatment, payment, operations, or those you authorized. We will respond within 60 days. The first list in any 12-month period is free.

Ask us to correct your records

If you believe information in your record is wrong or incomplete, you may ask us to amend it. We will respond within 60 days, and if we decline, we will explain why in writing.

Be notified of a breach

We will notify you if a breach compromises the privacy or security of your information.

Choose someone to act for you

If you have given someone medical power of attorney, or someone is your legal guardian, that person can exercise your rights. We will confirm their authority first.

Get a copy of this notice

You may request a paper or electronic copy of this notice at any time.

VII. Questions and Complaints

If you have questions or believe your privacy rights have been violated, contact our Privacy Officer: Joe Lenhoff, LCSW-S, Houston Heights Therapy PLLC, info@houstonheightstherapy.com, 281-245-0123.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/ocr/complaints or 1-800-368-1019, or with the Texas Behavioral Health Executive Council at bhec.texas.gov. We will never retaliate against you for filing a complaint.

VIII. Effective Date

This notice takes effect on 11/15/2026 and replaces Version 2.1.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices from Houston Heights Therapy PLLC.

Signature: _____ Date: _____