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NOTICE OF PRIVACY PRACTICES

Elevation Mental Health Solutions, PLLC
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This notice went into effect on December 1, 2023

NOTICE OF PRIVACY PRACTICES

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

Elevation Mental Health Solutions, PLLC and your psychologist is committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. This notice will tell you about the ways in which we may use and disclose health information about you. We are required to give you this Notice about our privacy practices, your rights, and our legal responsibilities.

We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.

Elevation Mental Health Solutions, PLLC can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose health information.

For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with a patient/client to use or disclose the patient's/client's personal health information without the patient's/client's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

1. **Psychotherapy Notes.** Any use or disclosure of psychotherapy notes requires your Authorization unless the use or disclosure is:
 - For our use in treating you.
 - For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual therapy.
 - For our use in defending ourselves in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of you or others.
2. **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** We will not sell your PHI in the regular course of business.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, we may use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
9. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment.

USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to your psychologist via the client portal or to Dr. Lenora Ivy at 5473 Blair Road, Suite 100, PMB 841275, Dallas, Texas 75231.

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations

purposes. We are not required to agree to your request if we believe it would affect your health care.

2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. **The Right to View and Obtain Copies of Your PHI.** You have the right, which may be restricted only in exceptional circumstances, to view and obtain copies of your PHI. Your right to view and copy PHI will be restricted only in situations where there is compelling evidence that access could cause serious harm to you. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. We may charge a reasonable fee such requests.
5. **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time frame. If you make more than one request in the same 12-month period, you will be charged a reasonable fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We are not required to agree to the amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement, you will receive a copy.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice upon request.

QUESTIONS AND COMPLAINTS

If you have questions about this Notice or concerns about your privacy rights, you can contact Dr. Lenora Ivy via the client portal (if she is your psychologist) or at 5473 Blair Road, Suite 100, PMB 841275, Dallas, Texas 75231. If you believe that your privacy rights have been violated and wish to file a complaint, you can send your written complaint to Dr. Lenora Ivy via the client portal (if she is your psychologist) or to 5473 Blair Road, Suite 100, PMB 841275, Dallas, Texas 75231. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services; current contact information will be provided upon request. We will not retaliate against you for filing a complaint.