

# **Notice of Privacy Practices**

Effective Date: September 29, 2025

This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

#### **Our Duties**

- We are required by law to keep your health information private and provide you with this Notice.
- We will let you know if there is a breach that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this Notice.
- We comply with HIPAA and the Texas Medical Records Privacy Act to protect your health information.

## **How We May Use and Share Your Information**

- For Treatment: To provide, coordinate, or manage your care.
- For Payment: To bill and collect payment from you, insurance companies, or others.
- For Healthcare Operations: For quality improvement, staff training, and business functions.
- As Required by Law: For public health, reporting abuse or neglect, law enforcement, or other legal reasons.
- With Your Authorization: Any other uses or disclosures not listed here will only happen if you give written permission.
- Emergency/Safety Exceptions: If there is an immediate threat to your safety or the safety of others, we may share information with appropriate authorities.

## **Special Mental Health Protections**

- **Psychotherapy Notes**: Psychotherapy notes are kept separately from your medical record and are not shared without your written authorization, except as required by law.
- Substance Use Records: Records relating to substance use disorder treatment are protected by federal law (42 CFR Part 2) and generally cannot be shared without your specific written consent.
- Minors: In accordance with Texas law, certain information shared by minors may not be disclosed to parents/guardians without the minor's consent, unless required by law.

#### **Electronic Communications**

We may communicate with you electronically (e.g., through secure client portals or email). While we take steps to protect your privacy, please be aware that standard email may not be fully secure.

## **Your Rights**

- Get a copy of your record.
- Request corrections.
- Request confidential communications.
- Request restrictions.
- Get a list of disclosures.
- Receive a paper copy of this Notice.
- Choose someone to act for you.

## **Our Responsibilities**

- We will not use or share your information for marketing or fundraising without your permission.
- We will not sell your information.
- We will honor your rights under HIPAA.

## **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with:

### **Safe Haven Mental Health Solutions**

Privacy Officer: Bianca Stennis

Address: 363 N. Sam Houston Pkwy. E, Houston, TX 77060

Phone: 713-244-5770

Email: contact@safehavenmh.org

U.S. Department of Health & Human Services (HHS)

Office for Civil Rights

Website: www.hhs.gov/ocr

You will not be penalized for filing a complaint.

#### Contact

If you have questions about this Notice, please contact:

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