Effective date: 10/24/2026 (2 pages)

NOTICE OF PRIVACY PRACTICES

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

WHO THIS NOTICE COVERS AND WHO TO CONTACT

Newman Psychology & Associates, PLLC (the "Practice") provides counseling, psychotherapy, psychological testing, and assessments. This notice explains our privacy practices for protected health information (PHI), including information maintained in paper or electronic records.

Address: 18333 Egret Bay Boulevard, Suite 160, Houston, TX 77058 | Telephone: (281) 488-7792 | Fax: (281) 549-6627

Privacy questions and requests: Contact the Office Manager at (281) 488-7792. The Practice will direct your request or complaint to the appropriate privacy contact.

YOUR PRIVACY RIGHTS

Access and obtain your health records:

You may ask to inspect or receive an electronic or paper copy of records about you that we maintain in our designated record set. We generally respond within 30 days, subject to permitted extensions. A reasonable, legally permitted cost-based copy fee may apply. Access may be limited in certain situations under applicable federal and Texas law. Psychotherapy notes maintained separately from the medical record have special protection.

Request a correction:

You may ask us to amend information you believe is incorrect or incomplete. We generally respond within 60 days, subject to a permitted extension, and will explain in writing if a request is denied. You may submit a written statement of disagreement when allowed by law.

Request confidential communications:

You may request that we contact you in a particular way or at a different location (for example, using a specified telephone number or mailing address). We will accommodate reasonable requests. Please tell our office which methods are safe for you.

Ask for limits on sharing:

You may request restrictions on certain uses and disclosures for treatment, payment, and health care operations. We usually do not have to agree; however, if you pay in full out of pocket for an item or service, we generally must honor a request not to disclose information solely about that paid service to a health plan for payment or health care operations, unless disclosure is required by law.

Request an accounting of certain disclosures:

You may request a list of certain disclosures of your PHI made during the six years before your request. Disclosures for treatment, payment, health care operations, and some other types are generally excluded. One accounting in a 12-month period is generally provided without charge; additional requests may involve a reasonable fee.

Request a copy of this notice or appoint a representative:

You may request a paper copy of this notice at any time. A legally authorized personal representative may exercise rights on your behalf, subject to verification, applicable minor-consent laws, and legal exceptions.

HOW WE USE AND DISCLOSE HEALTH INFORMATION

Treatment, payment, and health care operations:

- Treatment: We may use information to provide counseling, assessments, and referrals, and may share information with another treating clinician when permitted. Example: With appropriate legal authority, we coordinate care with a treating physician or psychiatrist.
- Payment: We may use or disclose information to verify eligibility, bill health plans, process claims, and collect lawful charges. Example: We send required diagnostic and service information to a health plan to process a claim.
- Operations: We may use information for scheduling, quality improvement, staff training, billing review, compliance, and practice administration. Example: Authorized staff review records to confirm appropriate billing and recordkeeping.

Other legally permitted or required uses and disclosures:

Subject to applicable limits and safeguards, we may disclose information for public health and safety, suspected abuse or neglect reporting, serious threats to health or safety, health oversight, research with required safeguards, legally authorized government requests, workers' compensation, medical examiners or funeral directors, and certain judicial or administrative proceedings. We may disclose information when otherwise required by law. More restrictive Texas mental-health-record confidentiality rules apply where they provide greater privacy protection; not every subpoena or request automatically permits release.

Your choices and written authorization:

You may have a choice about disclosures to family members, close friends, caregivers, or persons involved in your care or payment, within applicable law. For uses or disclosures not otherwise permitted, we will seek the written authorization required by law. A written authorization generally may be revoked in writing, except to the extent we already relied on it. Marketing, sale of PHI, and most disclosures of separately maintained psychotherapy notes require specific written authorization, subject to legal exceptions. The Practice does not independently prescribe medications or conduct medical detoxification.

Special protection for psychotherapy notes and substance use disorder records:

Notes maintained separately by a mental health professional to document or analyze counseling conversations ("psychotherapy notes") receive added federal protection and generally require a specific authorization for use or disclosure, with limited exceptions.

If we create, receive, or maintain substance use disorder treatment records protected by 42 CFR Part 2, additional federal restrictions apply. Those records, or testimony describing their contents, generally cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against the patient without the patient's written consent or a qualifying court order accompanied by a subpoena or similar legal mandate. Applicable Part 2 consent and redisclosure rules will be followed. Any fundraising use of Part 2 information, if applicable, requires the advance opportunity to opt out.

OUR RESPONSIBILITIES

- We are required to protect the privacy and security of PHI, comply with applicable federal and state confidentiality requirements, and follow the terms of the notice currently in effect.
- We will provide notice following a qualifying breach of unsecured PHI, as required by law.
- We will not use or share PHI outside this notice except as permitted or required by law or authorized in writing.
- We may revise this notice and make revised terms effective for PHI we maintain. A current copy will be available on request, at our office, and on our service website.

QUESTIONS AND COMPLAINTS

For privacy questions or complaints, contact the Office Manager at (281) 488-7792. You may also complain directly to the HHS Office for Civil Rights at https://www.hhs.gov/hipaa/filing-a-complaint/ or (877) 696-6775. You do not need to contact the Practice first, and we will not retaliate.