

JULIANNA POOR MEMORIAL COUNSELING CENTER (JPMCC)

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.

I. OUR PRIVACY PLEDGE

JPMCC is a Christian mental health counseling center providing individual, pre-marital, marital, family, and group counseling. Given the nature of our work, it is imperative that we maintain absolute confidentiality of the information we receive during your treatment. We are committed to fully complying with the HIPAA Privacy and Security Rules, as well as all applicable Texas statutes. JPMCC prohibits the release of any protected client information to anyone outside immediate staff, employees, and interns except in limited circumstances which are described below. Discussions or disclosures of protected health information (PHI) within the organization are limited to the minimum necessary that is needed for the recipient of the information to perform their duties. The policy of JPMCC is as follows:

1. Fully comply with the requirements of the HIPAA General Administrative Requirements and Privacy & Security Rules.
2. Provide every client who receives services with a copy of the JPMCC Notice of Privacy Practices and ask them to acknowledge receipt when it is received.
3. Ensure the confidentiality of all client records transmitted by facsimile.
4. Provide each client with the individual therapist's Client Agreement and Authorization for use or disclosure of PHI.

II. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Protected Health Information (PHI) refers to any protected information that is created or received by JPMCC, and relates to an individual's past, present or future physical or mental health conditions as well as related care services or the past, present, or future payment for the provision of health care to an individual. PHI includes any such information described below that JPMCC transmits or maintains. It includes any information that fulfills the following:

1. That identifies the individual; or
2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual

A "use" of PHI occurs within a covered entity (e.g., discussions among staff regarding treatment). A "disclosure" of PHI occurs when JPMCC reveals PHI to an outside party (e.g., JPMCC provides another treatment provider with PHI, or shares PHI with a third party pursuant to a client's valid written authorization).

We may use or disclose your PHI without your written authorization for the following purposes:

- **Treatment:** Provision and coordination of your care.
- **Payment:** Including but not limited to billing and claims management. **Note:** JPMCC currently has no contracts with health insurers.
- **Health Care Operations:** General administrative activities, resolution of internal grievances, or customer service.
- **Redisclosure Notice:** If you authorize disclosure to someone not legally required to keep it private, it may be re-disclosed and may no longer be protected by federal standards.
- **Fundraising:** At this time, PHI at JPMCC is not used for fundraising. If we use your PHI for fundraising for JPMCC, you have a "clear and conspicuous" right to opt out of these communications.

Electronic Disclosure Notice: Your protected health information is subject to electronic disclosure. Pursuant to Texas Health & Safety Code § 181.154, JPMCC will obtain your specific written authorization for any electronic disclosure of your health information that is not for the purpose of treatment, payment, healthcare operations, or otherwise authorized or required by state or federal law.

III. SPECIAL PROTECTIONS FOR SENSITIVE RECORDS

While we are a general counseling center, we may receive or maintain highly sensitive records protected by extra layers of law:

- **Substance Use Disorder (SUD) Records (42 CFR Part 2):** Any records we receive from a federally assisted SUD program are protected by strict federal confidentiality rules.

- **Legal Protections:** These records, or testimony relaying their content, shall not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying court order.
- **Mental Health Records (Texas Chapter 611):** Communications between you and your professional counselor are confidential under Texas law. We prohibit the release of any client information to anyone outside our immediate staff, employees, and interns except in the limited circumstances described in this notice.
- **Infectious Diseases:** We follow specific federal and state regulations (Title 25, Article 4, Part 14) governing the testing for and reporting of TB, HIV/AIDS, Hepatitis, and other infectious diseases while maintaining the confidentiality of your PHI.

IV. PERMITTED DISCLOSURES WITHOUT AUTHORIZATION

JPMCC is permitted or required to disclose PHI without your consent in these specific situations:

1. **Client Consents in Writing:** Completes a Release of Information Authorization form.
2. **Court Orders:** When required by a judge.
3. **Medical Emergencies:** To medical personnel during an emergency.
4. **Qualified Personnel:** For JPMCC research, audit, or program evaluation.
5. **Safety Threats:** If a client commits or threatens a crime at the program or against staff.
6. **Abuse Reporting:** Suspected abuse of a minor, disabled, or elderly person.
7. **Duty to Warn:** If a client plans to harm another person, is suicidal, or reports self-harm.
8. **Professional Misconduct:** Reporting sexual contact with a counselor or minister.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirements (you may only use and disclose the minimum amount of PHI necessary for the intended purpose of the use and/or disclosure). See 45 C.F.R. 164.512. Before using or disclosing PHI for one of the above exceptions, consult JPMCC Privacy Officer (Rachel Knight) to ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities in accordance with federal and state regulations.

V. YOUR RIGHTS UNDER FEDERAL AND TEXAS LAW

- **Access to Records:** You have the right to inspect or obtain a copy of your medical records. Under Texas law, we will provide these within 15 business days of a written request if requested information is stored electronically and requested to be sent in an electronic format. We may charge a reasonable, cost-based fee. If access is denied because we believe it would be harmful to your health, you have the right under Texas Chapter 611 to a written explanation and a review of that decision by another professional.
- **Retention:** JPMCC maintains medical records for **seven (7) years** from the date of your last service. For minors, records are kept for seven years or **five (5) years** after the client reaches the age of 18, whichever is longer.
- **Notice of Breach:** We will notify you without unreasonable delay following the discovery of a breach of your unsecured PHI.

VI. SECURITY SAFEGUARDS

JPMCC employs reasonable safeguards to protect your PHI:

- Therapy records are never left unattended where third parties have access.
- Counselors will move conversations to private areas if there is a risk of being overheard.
- All electronic health records are physically stored within the United States.

VII. COMPLAINTS MAY BE FILED WITH

- **Internal:** JPMCC Privacy Officer, Rachel Knight, through mail at 7401 Katy Fwy, Ste 600, Houston, TX 77024 or e-mail at Rachel.Knight@HoustonsFirst.org.
- **License:** Texas Behavioral Health Executive Council [Website](https://bhec.texas.gov/contact-us/): https://bhec.texas.gov/contact-us/; 1801 Congress Ave., Ste. 7.300, Austin, TX 78701; Phone #: 800.821.3205.
- **Consumer:** Texas Attorney General [Website](https://www.texasattorneygeneral.gov/consumer-protection): https://www.texasattorneygeneral.gov/consumer-protection.
- **HIPAA/Privacy:** The Secretary of the U.S. Department of Health and Human Services.

Privacy Officer: Rachel Knight
Effective Date: February 16, 2026

Authorization to Release Mental Health Information

Patient Name :	Patient DOB :
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1. RECORDS AUTHORIZED BY CLIENT: With this document, I authorize Julianna Poor Memorial Counseling Center (JPMCC) to receive and disclose the following protected healthcare information:

Initials	Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identity, dates, diagnoses, prognoses, recommendations, treatment rendered, assessments, locations, progress notes, treatment status, dialogue with recipient, treatment summary and treatment coordination.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Treatment, to include Psychiatric/Medication History (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Services, to include Medication History and Prior Hospitalizations (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Education (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Involvement (past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol and Drug Treatment(past and present)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

2. ORGANIZATION OR INDIVIDUAL AUTHORIZED BY CLIENT: The following individual or organization has been authorized to receive or disclose this patient's protected healthcare information with JPMCC, Inc of Tx:

Organization:			
Name/Title and/or Individual:			
Mailing Address:			
City:	State:	Zip Code:	
Phone:	Fax :	Email:	

3. PURPOSE OF AUTHORIZATION: The patient has agreed to this authorization for the following purpose(s):

Patient Request Court/Litigation Counseling/Therapeutic Value Other :

Specify:

I understand that my mental health and/or alcohol/drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol/Drug Abuse Patient Records, 42 C.F.R.,Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996,45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This Disclosure Authorization is specifically intended to include any references to diagnosis, testing, and/or treatments for communicable diseases, including sexually transmitted, mental health services and alcohol/drug services. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, including provision of health care services requiring subsequent disclosure to effect payment. Unauthorized re-disclosure by recipient is prohibited, but may be a potential risk. I understand that I do not have to sign this authorization in order to receive health care benefits, except for health care services necessary to create an assessment or report for disclosure to the recipient identified in this authorization. In any event, this authorization expires automatically as follows: 1 year from patient's authorization and signature or immediately after the patient's revocation of authorization.

4. SIGNATURES : Patient's Printed Name & DOB :

Patient's Signature: