

Little Joy Therapy, PLLC

Phone: 713-742-2661

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical and mental health information about you may be used and disclosed and how you can access this information. Please review it carefully. You may have additional rights under state or local law. You may wish to consult legal counsel licensed in your state regarding your rights to health information.

Effective Date of This Notice

This Notice is effective as of 05/23/2026.

Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have rights regarding your Protected Health Information ("PHI").

I. OUR COMMITMENT REGARDING YOUR HEALTH INFORMATION

We understand that your health information is personal and are committed to protecting your privacy. We create a record of the care and services you receive in order to provide quality care and to comply with legal requirements.

This Notice applies to all records of your care generated by this practice.

We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain. Updated Notices will be made available upon request and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your PHI.

Treatment, Payment, and Healthcare Operations

We may use or disclose your PHI without your written authorization for treatment, payment, and healthcare operations purposes.

This includes, for example:

- Providing, coordinating, or managing your care
- Consulting with other healthcare providers regarding your treatment
- Sending appointment reminders and treatment-related communications
- Billing and collection activities
- Internal administrative and quality improvement activities

“Treatment” includes coordination or management of healthcare services among providers.

Lawsuits and Disputes

We may disclose your PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, provided that reasonable efforts have been made to notify you or obtain a protective order when required.

III. CERTAIN USES AND DISCLOSURES REQUIRING AUTHORIZATION

Psychotherapy Notes

Psychotherapy notes, as defined under HIPAA regulations, will not be used or disclosed without your authorization except in limited circumstances including:

- Use by the provider for treatment
- Training or supervision of mental health professionals

- Legal defense in proceedings initiated by you
 - Compliance investigations by the Department of Health and Human Services
 - As otherwise required by law
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Marketing

We will not use or disclose your PHI for marketing purposes without your prior written authorization. If you provide a review or testimonial that includes PHI and authorize its use, you may revoke that authorization at any time in writing.

Sale of PHI

We do not and will not sell your Protected Health Information.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

We may use or disclose your PHI without authorization as permitted or required by law, including:

- Appointment reminders and care coordination
 - Public health activities (including reporting abuse or threats to safety)
 - Health oversight activities (audits, investigations)
 - Judicial and administrative proceedings
 - Law enforcement purposes as required by law
 - Coroners, medical examiners, or funeral directors
 - Research purposes under applicable regulations
 - Specialized government functions
 - Workers' compensation compliance
 - Organ and tissue donation requests
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V. USES AND DISCLOSURES WITH OPPORTUNITY TO OBJECT

We may disclose your PHI to family members, friends, or others involved in your care or payment for your care when:

- You agree, or
- You are given the opportunity to object and do not, or
- In emergency or disaster situations when necessary to protect health or safety

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

- Request restrictions on certain uses and disclosures of PHI
- Request restrictions on disclosures to health plans for services paid out-of-pocket in full
- Request confidential communications
- Inspect and obtain copies of your medical records
- Request amendments to your records
- Receive an accounting of disclosures
- Obtain a paper or electronic copy of this Notice
- Designate a personal representative
- Revoke authorizations at any time
- File a complaint without retaliation

VII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Any revisions will apply to all PHI we maintain. The updated Notice will be available upon request and on our website.

VIII. COMPLAINTS

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

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints

You may also contact us directly. We will not retaliate against you for filing a complaint.