



# Heart Mind and Soul

5036 Drovers Path  
Saint Hedwig, TX 78152  
210-702-8934

## Notice of Privacy Practices

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

Use and disclosures of health information: We use health information about you to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred (Only when you sign a written release giving us permission to do so), unless otherwise indicated on the program specific consent form. Information may be shared by paper mail, electronic mail, fax, or other methods.

We make use of disclosed identifiable health information about you without your authorization for several reasons: Subject to certain requirements, we may provide health information without your authorization for public health purposes, auditing purposes, research studies, and for emergencies. We provide information when otherwise required by law, such as law enforcement in specific circumstances. In any other situation, we ask for your written authorization before using identifiable health information about you. If you choose to sign an authorization to disclose information you can later revoke that authorization, to stop any future uses and disclosures.

In the event that Heart Mind And Soul, LLC Counseling Services changes this policy, you will be issued a new Privacy Statement. For more information about our practices, contact Rosalva Rodriguez Richardson, MA, LPC at (210) 702-8934.

Individual Rights: In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you (unless specified under the specific contract for which you are receiving services). You also have the right to receive a list of where we have disclosed health information about you for reasons other than treatment, payment of related administrative purposes, and other than where you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information and/or add the missing information.

Complaints: If you are concerned that we have violated rights, or you disagree with a decision we made about access to your records, you may contact Rosalva Rodriguez Richardson at (210) 702-8934. You may also send a written complaint to U.S. Department of Health and Human Services. You will be provided that information upon request.

Heart Mind And Soul, LLC, Counseling Services' Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in the notice and obtain your acknowledgement of receipt of this notice. If you would like a copy of this notice, one can be provided to you upon request.

Acknowledgement of receipt of Notice of Privacy Practices: Please sign and print your name, and date this acknowledgement form.

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**Signature**

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**printed name**

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**Date**

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