NOTICE OF PRIVACY PRACTICES

LightWell Integrative Psychiatry

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.

Practice Contact for Privacy Questions
Dr. Hilary Butella
LightWell Integrative Psychiatry
25209 FM 2978
Tomball, TX 77375
Phone: 713-999-1002
Email: info@lightwellpsychiatry.com
Website: www.lightwellpsychiatry.com

Our Duties

We are required by law to maintain the privacy of your protected health information, provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We may change this notice and make the new notice effective for all protected health information we maintain. An updated notice will be available at our office and on our website.

How We May Use and Disclose Your Information

We may use and disclose your protected health information for treatment, payment, and health care operations. Examples include providing psychiatric evaluation and treatment, coordinating care with other providers involved in your treatment, submitting claims to your health plan, obtaining prior authorization, scheduling appointments, conducting quality improvement activities, training, licensing, compliance, and other business operations permitted by law.

Additional Situations Permitted or Required by Law

We may use or disclose your information when required by federal or Texas law, for public health activities, to report abuse or neglect when legally required, for health oversight activities, in response to court orders or other lawful process, for certain law enforcement purposes, to avert a serious threat to health or safety, for workers' compensation matters, and for specialized government functions when authorized by law.

Special Protection for Mental Health Information and Psychotherapy Notes

Because this is a psychiatry practice, some information may receive added protection under federal or Texas law. Psychotherapy notes, if maintained separately from the medical record, generally require your written authorization for use or disclosure except in limited situations allowed by law. Texas law may also provide additional confidentiality protections for mental health records.

Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization for uses and disclosures not otherwise permitted or required by law. Most uses and disclosures of psychotherapy notes require authorization. We will also obtain authorization for most uses and disclosures of protected health information for marketing purposes and for any sale of protected health information, unless an exception applies. You may revoke an authorization in writing at any time to the extent we have not already acted on it.

Your Rights

You have the right to request restrictions on certain uses and disclosures, request confidential communications, inspect and obtain a copy of your records in many circumstances, request an amendment, receive an accounting of

certain disclosures, obtain a paper copy of this notice, and choose someone to act for you where legally authorized. Some of these rights are subject to specific legal requirements and exceptions.

Breach Notification

If a breach of unsecured protected health information occurs, we will notify you as required by law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with LightWell Integrative Psychiatry using the contact information above or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Effective Date

Effective Date: March 21, 2026

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____
Signature: _____
Date: _____
Personal Representative (if applicable): _____