



## **Notice of Privacy Practices for STARRY**

**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.**

If you have any questions about this notice, please contact us at (512) 675-4144.

### **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy and security of protected health information;
- Let you know promptly if a breach occurs that may have compromised the privacy or security of health information about you;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.
- We will never share your information for marketing or fundraising purposes without your written authorization, and will never sell your protected health information.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you— protected health information (PHI). Except for the purposes described below, we will use and disclose PHI only with your written authorization. You may revoke such authorization at any time in writing.

***For Counseling Services.*** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, managing your counseling services, and reminding you of appointments. This includes consultation with other STARRY representatives or clinical supervisors. We may disclose PHI to any other consultant only with your authorization.

***For Payment.*** We may use and disclose PHI so that we receive payment for the counseling services you received.

***For Health Care Operations.*** We may use or disclose your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee/volunteer review

activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy and security of your PHI. Examples of health care operations include but are not limited to business-related matters such as audits and administrative services, case management and care coordination.

### **SPECIAL SITUATIONS:**

Following is a list of the categories of uses and disclosures permitted by HIPAA without your authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As mental health providers in Texas, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with HIPAA requirements and the ethical codes of the disciplines practicing at STARRY.

***As Required by Law.*** We will disclose PHI when required to do so by, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat such as medical or law enforcement personnel.

***Suspected Abuse of a Child, Elderly, or Disabled Person.*** If a STARRY representative has cause to believe that a child, elderly person, or disabled person has been, or may be, abused, neglected, exploited, or sexually abused, that staff member is legally mandated to make a report within 48 hours to the appropriate state or local agency.

***State Licensure Oversight.*** If a complaint is filed against a licensed STARRY representative with the state licensing board connected to their professional licensure, they have the authority to subpoena confidential mental health information from STARRY relevant to that complaint.

***Business Associates.*** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf or provide electronic health record services. All of our business associates are contractually obligated to protect the privacy and security of your information and are not allowed to use or disclose any information other than as specified in our contract. If we transmit your PHI electronically we will obtain your authorization.

***Judicial and Administrative Proceedings.*** We are required to disclose your PHI pursuant to a court order, administrative order or similar process. If we received a subpoena not signed by a

judge, we will ask for your authorization or attempt to obtain a court order before releasing your PHI.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), or pursuant to court order, administrative order or similar document.

**Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. (note that this is duplicative of above to avert serious harm)

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena or pursuant to court order, administrative order or similar document.

**Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections and licensure. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI to the Texas Attorney General or U.S. Health and Human Services Secretary or Office of Civil Rights.

**Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization.

You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation by mail to PO Box 2981, Georgetown, TX 78627, and we will no longer disclose PHI under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **DISCLOSURES REQUIRING AUTHORIZATION**

**1. Electronic Disclosure.** We may use and disclose your medical information electronically. For example, your medical information is maintained on an electronic health record. If another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically.

**2. Psychotherapy Notes.** Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session – or during a group, joint, or family counseling session. If these notes are maintained separate from the rest of your medical records, they can only be used and disclosed as follows. In general, psychotherapy notes may not be used or disclosed without your written authorization, except in the following circumstances.

Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations:

- a. The mental health professional who created the notes may use them to provide you with further treatment;
- b. The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- c. The mental health professional who created the notes may disclose them as necessary to defend himself or herself or STARRY in a legal proceeding initiated by you or your personal representative;
- d. The mental health professional who created the notes may disclose them as required by law;
- e. The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- f. The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or STARRY's compliance, with Federal privacy and confidentiality laws and regulations; and
- g. The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death.

*All other uses and disclosures of psychotherapy notes require your written authorization. You have the right to revoke such authorization in writing.*

**YOUR RIGHTS:**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our HIPAA Privacy and Security Officer at STARRY, Inc., PO Box 2981, Georgetown, TX 78627.

**Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. We have up to 15 business days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances, but in some cases you may have this decision reviewed.

**Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record and for any media, such as flash drives or writable CDs, used to transmit your electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI and a breach of STARRY's computer system whether or not your PHI is encrypted.

**Right to Amend.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. This request must include the reason that supports your request for an amendment. We may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of PHI. The request must state a time period, which may not be longer than 6 years.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose. This request must indicate: (1) what information you want to limit; (2) whether you want to limit STARRY use and/or disclosure; and (3) to whom you want the limits to apply.

We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

***Right to Request Confidential Communications.*** You have the right to request and receive confidential communications of your PHI by certain means and at certain locations. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice upon request.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office.

**COMPLAINTS:**

- If you believe your privacy rights have been violated, you may file a complaint in writing to our HIPAA Privacy and Security Officer at STARRY, Inc., PO Box 2981, Georgetown, TX 78627\_or with the U.S. Department of Health and Human Services Office for Civil Rights website at via email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or by mailing a printed complaints package to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F HHH Bldg, Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Updated 10/2024