

LDGatling Counseling & Consulting, PLLC

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Notice of Privacy Practices

Lakeisha D. Gatling, PhD, LCSW-S of LDGatling Counseling & Consulting, PLLC, is a Licensed Clinical Social Work Supervisor licensed by the State of Texas. Texas license verification is available by the Texas Behavioral Health Executive Council website by visiting www.bhec.texas.gov.

As a notice to Texas clients, the Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological assistants, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. See contact information below:

The Texas Behavioral Health Executive Council
333 Guadalupe St.
Austin, TX 78701
800.821.3205
www.bhec.texas.gov

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. Your signature provides consent for these uses and disclosures.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”).

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the Texas Behavioral Health Executive Council. It also describes your rights regarding how you may gain access to and control your PHI.

Lakeisha D. Gatling, LCSW-S is required by law to maintain the privacy of PHI and to provide you with notice of the legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I am also required to notify you should a breach of unsecured PHI occur. I reserve the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that my office maintains at that time. The notice will be made available upon request and on my website

Uses and Disclosure of PHI that Do Not Require Your Consent:

- For your treatment. I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional such as your treating physician or psychiatrist to help coordinate your care or in the event of an emergency. My goal is to always receive your written consent before doing so; therefore, I will request written consent.
- To obtain payment for your treatment. I can use and disclose your PHI to bill and collect payment for treatment, fees, and any services provided by me to you.
- For health care operations. I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, such as certain administrative, financial, legal, and quality improvement activities of a covered entity.
- To avert a Serious Threat to Health or Safety– If it is determined that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.
- Abuse of Child, Disabled Adult or Elder Person– If we have reasonable cause to believe that a child, disabled adult or elder person has been abused, we must report that belief to the appropriate authority.
- Health Oversight– If we are the subject of an inquiry by the Texas Behavioral Health Executive Council, we may be required to disclose PHI regarding you in proceedings. Additionally, we may be required to disclose PHI if audited by Secretary of Health and Human Services to assess compliance with HIPAA regulations. Judicial and Administrative Proceedings – If you are involved in a judicial or administrative proceeding, we will not release information without your authorization or a court order.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- Worker’s Compensation – We may disclose PHI regarding you as authorized to comply with laws relating to worker’s compensation.

Uses and Disclosures Requiring Authorization:

Uses or disclosures of PHI for other purposes above and beyond the general consent will be made only with your written authorization.

Your Rights Regarding Your PHI
The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI. Please note the request may be denied if I have reason to believe that the restriction would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health care plans for out-of-pocket services that are paid in full.

The Right to Receive Confidential Communications by Alternative Means or at Alternative Location– You have the right to request to receive confidential communications of PHI by alternative means or at an alternative location. Submit requests in writing and specify how or where you wish to be contacted.

The Right to Inspect and Receive a Copy Protected Health Information. You have the right to inspect and obtain a copy of PHI and billing records for as long as the PHI is maintained in the record with the exception of “Psychotherapy notes”. We may provide a summary or an explanation of the PHI to which access has been provided in lieu of copy of records if deemed necessary.

I will provide you with a copy of your record, or a summary of your records, within 30 days of receiving your written request.

I may charge a reasonable, cost-based fee for provided a copy of your record or summary.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Amend Protected Health Information. If you feel that PHI about you is incorrect or incomplete; you have the right to request an amendment of PHI. Submit your request in writing and provide a statement that supports your request. We may not be able to make the changes you request; however, your request and statement will be included in your file.

The Right to an Accounting. You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12- month period.

The Right to a Paper or Electronic Copy of This Notice. You have the right to obtain a paper or emailed copy of this Notice upon request.

The Right to a Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Social Worker (Lakeisha D. Gatling, LCSW-S) Rights and Responsibilities:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide the amended form to current clients at their next scheduled appointment, or by mail within 15 days of receiving a written request for the document.

Complaint Filing Related to Social Worker's Practices.

If you think I may have violated your privacy rights, you may file a complaint with Lakeisha D. Gatling, LCSW-S as the Privacy officer for LDGatling Counseling & Consulting, PLLC via mail address 2000 S. Dairy Ashford, Ste 380, Houston, TX 77077, email info@ldgatling.com, or by calling the office at 832-791-2076

You may also contact The Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting HHS.gov

You may assert your right without retaliation.

This notice is in effect as of December 1, 2021

I acknowledge that I have been given this office's Notice of Privacy Policies and Practices, which explains how my medical information will be used and disclosed. I understand that this acknowledgement will be kept in my medical record for the purpose of providing treatment, pursuing payment, or other routine health care operation.