



Sexual Life Improvement

From the desk of Shelley L. Imholte, Ph.D., LCSW, M.Ed.

State of Texas Social Work Board-approved Supervisor & Continuing Education provider

Privacy Notice

Privacy Commitment:

At Sexual Life Improvement, PLLC information about you is held to the highest level of confidentiality. The law requires that you are provided with a notice of privacy practices. Your written permission is the only time information will be released unless ethical or legal circumstances require that information be disclosed. This document informs you about the ways in which information about you is disclosed and under what circumstances.

Use and Disclosure of Information about You:

The circumstances below are the only times that information about you will be disclosed **without** your permission:

Avert Serious Threat or Injury: Your information may be disclosed when a serious threat to your health and/or safety or another person's health and/or safety exists. Information may also be disclosed in relation to disclosure of past or present knowledge of child abuse, elder abuse, or abuse of a person with a disability (emotional, physical, and/or sexual).

Law Required Disclosure: Your information may be disclosed when required to do so by federal, state, or local law.

Legal Disputes/Suits: Your information may be disclosed when you are involved with a legal dispute/suit and information is court ordered by subpoena.

Alternate uses and disclosures of health information:

Disclosure of your confidential information for any purposes other than those defined above without your **written authorization** is prohibited. Written authorization may be revoked, in writing, at any time with the understanding that previous disclosures with your permission may have already occurred.

Privacy Rights:

Inspect and Copy: You have the right to inspect and/or copy your confidential health information. A request to inspect and/or copy must be made in writing to Shelley L. Imholte, Ph.D., LCSW and you will incur charges for copying, mailing, and administrative costs for supplying you with the information. Under certain limited circumstances your request to inspect and/or copy confidential information may be denied. You may request a review of denial by another mental health professional.

Amend: You have the right to request that confidential information about you be amended if you feel the information is incorrect or incomplete. A request to amend records must be in writing. No amendments will be made to documents that are not developed and/or created by Shelley L. Imholte, Ph.D., LCSW.

Accounting of Disclosures: You have the right at any time to request a list of disclosures made of your confidential information. This request must be submitted in writing stating a time period (no longer than seven years) and in what form you are



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requesting the list (written, electronic). You will incur charges for the costs of providing you with a list.

Request Restrictions: You have the right to request restrictions or limitations on the confidential information that is used or disclosed about you for any of the purposes described above. You have the right to request restrictions and/or limitations on any information used or disclosed.

Request of Confidential Information: You have the right to request that communication with you about treatment matters in a particular way or in particular settings. Every effort will be made to comply with your request.

Paper Copy Request: You have the right to a paper copy of this notice, free of charge, at any time.

Changes to this Notice:

Revised or changed notices will apply to confidential information you have already provided or will provide in the future. The notice will have an effective date in the bottom left hand corner of the document. You will be informed about any changes and a new privacy notice will be reviewed, signed, and dated.

Complaints: If you believe your privacy rights have been violated and wish to file a complaint or you wish to communicate about concerns regarding privacy issues submit in writing your complaint:

Federal Government Communications and Complaints: You have the right to contact, in writing, the federal government if you feel your privacy rights have been violated.

Direct correspondence to:

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Email: OCRComplaint@hhs.gov

A complaint filed with the federal government will not result in penalty.

Acknowledgement of Privacy Notice:

Client Name: _____ **(Print)**

I hereby acknowledge that I have received the Privacy Practices

Signature: _____ **Date:** _____

_____/Shelley L. Imholte, PhD, LCSW **Date:** _____