

## Notice of Privacy and Confidentiality Practices

Effective Date: September 1, 2025

This notice describes how the University of Houston – Clear Lake Psychological Services Clinic (PSC) uses and discloses your protected health information (PHI) and outlines your rights regarding your PHI. We are committed to protecting the privacy and confidentiality of your information in accordance with state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), and university policies.

### Our Commitment to Confidentiality

Confidentiality is a cornerstone of effective psychological services. What you discuss during a psychological evaluation or therapy, and the records we maintain, are considered confidential and will not be shared without your explicit, written consent, except in specific situations outlined below.

### How We May Use and Disclose Your Information

We may use or disclose your PHI without your authorization for the following purposes:

1. For Service Provision: Your PHI will be used to provide you with psychological services and will be shared amongst clinic supervisors and graduate clinicians (i.e., graduate students enrolled in our psychology training program) involved in your services. This includes documentation of your sessions, diagnosis, treatment plans, and progress notes.
2. For Healthcare Operations: We may use your information for clinic operations, which include:
  - Administrative activities, such as appointment scheduling and billing.
  - Case management and service coordination.
  - Quality assessment and improvement activities.
3. For Training: We may share information among supervisors and graduate students for training and educational purposes. This includes activities such as observations of assessment or therapy sessions and reviewing de-identified evaluation reports.
4. Mandatory Reporting Requirements and Safety Procedures
  - As mandated reporters, clinic staff are required by law to file a report with the Texas Department of Family Services if they have reason to believe that a child (i.e., individuals under 18), an elderly person, or a person with a disability is being abused or neglected.
  - If you are in danger of harming yourself or others, we may take action to protect you or others, which may include disclosing information to family, emergency services, or law enforcement.
5. Court Orders and Legal Proceedings: We are required to respond to any received subpoenas and must release requested information if given a court order. We will attempt to contact you about any such requests.

6. Other Legal Requirements: We must disclose PHI as required by law, such as complying with requests from military command authorities if you are a member of the armed forces.
7. De-identified Information for Research: We may use de-identified information (i.e., information that has been stripped of all personal identifiers such as your name, address, or dates more specific than a year) for research.
8. University Mandates: We may be required to share limited information with relevant university personnel (e.g., student affairs, risk management) in the event of a significant threat to the safety of the university community. This is done with the utmost care to protect your privacy.

## **Your Rights Regarding Your Protected Health Information**

You have the following rights concerning your PHI:

1. Right to Request Restrictions: You have the right to request a restriction on how we use or disclose your PHI. We are not required to agree to all requests but will consider them carefully.
2. Right to Access and Inspect Your Records: You have the right to inspect and receive a copy of your PHI, with some exceptions (e.g., access requested is reasonably likely to endanger the physical safety of the individual or another person, PHI that is not part of a designated record set because the information is not used to make decisions about individuals). We may charge a reasonable fee for the costs of copying and mailing.
3. Right to Request an Amendment: If you believe that your PHI is inaccurate or incomplete, you may request that we amend it. We may deny your request, but if we do, we will provide you with a written explanation.
4. Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures of your PHI made by us.
5. Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask us to only contact you by phone or by email.
6. Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice at any time, even if you have agreed to receive an electronic version.

## **Video Recording**

Please be aware that we use video recordings in our clinic. These recordings are solely for the purpose of training our graduate students and are an essential tool for promoting quality care at the clinic. Specifically, these recordings allow supervisors to provide feedback to the student clinicians that helps them develop the necessary skills to provide effective and ethical treatment.

Please be assured that these recordings are handled with the utmost care for your privacy. They are stored onsite using HIPAA-compliant servers and only accessible via secured university-issued computers. These recordings are stored separately from your client records, and all recordings are automatically and permanently deleted within six months of the recording date.

## **Our Responsibilities**

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices. We will abide by the terms of this notice.

The PSC maintains client records for a minimum of seven years after the date of termination of services, or five years after a client reaches the age of majority, whichever is greater. All records are destroyed in a way that protects your privacy. If the PSC experiences a breach of PHI, you will receive a mailed notification at the address on file.

## **Changes in Policy**

The PSC may change its policies or procedures regarding privacy practices, including to comply with any updates to state or federal laws. These changes will be effective for any information we already have, as well as any information we receive in the future. You may ask for and receive the most recent copy of the Privacy Notice that is in effect at any time.

## **Questions and Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Director of the PSC. You will not be penalized or retaliated against in any way for making a complaint.

You may also contact the PSC Director if you have any questions about this notice, wish to request restrictions on uses and disclosure of your information, or wish to obtain any of the forms mentioned to exercise your individual rights above.

## **Contact Information**

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