

Notice of Privacy Practices

Shift Consulting MKE
Clarindria Addison, MS, LPC, NCC,
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(414)585-0760

Clarindria Addison, MS, LPC, NCC, of Shift Consulting MKE, is a Licensed Professional Counselor licensed by the State of Texas. Texas license verification is available by visiting the Texas Behavioral Health Executive Council website at <https://www.dshs.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, License professional counselor, 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.

Contact Information:

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

Notice Overview

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, which may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services, is referred to as **Protected Health Information (PHI)**.

This Notice of Privacy Practices describes how PHI may be used and disclosed in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), its Privacy and Security Rules, and regulations of the Texas Behavioral Health Executive Council. It also describes your rights regarding access to and control of your PHI.

Clarindria Addison, MS, LPC, NCC, is required by law to maintain the privacy of PHI and provide notice of legal duties and privacy practices. She is required to abide by the terms of this notice and notify you of any breach of unsecured PHI.

This notice may be updated at any time. Updates will apply to all PHI maintained and will be made available upon request and on the website.

Uses and Disclosure of PHI That Do Not Require Consent

- **Treatment:**
PHI may be used and disclosed to provide, coordinate, or manage your care. This may include communication with other healthcare professionals. Written consent will be requested whenever possible.
- **Payment:**
PHI may be used to bill and collect payment for services.
- **Healthcare Operations:**
PHI may be used for administrative, financial, legal, and quality improvement activities.
- **Serious Threat to Health or Safety:**
Disclosure may occur if there is a serious threat to you or others.
- **Abuse Reporting:**
Suspected abuse of a child, disabled adult, or elder must be reported.
- **Health Oversight:**
PHI may be disclosed during investigations, audits, or compliance reviews.
- **Judicial and Administrative Proceedings:**
Information will not be released without authorization or court order.
- **Law Enforcement:**
Includes reporting crimes on the premises.
- **Coroners/Medical Examiners:**
When required for legal duties.
- **Workers' Compensation:**
As required by law.

Uses and Disclosures Requiring Authorization

Any uses or disclosures beyond those listed above require your written authorization.

Your Rights Regarding Your PHI

- **Right to Request Restrictions**
You may request limits on how your PHI is used or disclosed. Requests may be denied if they affect care.
- **Right to Restrict Disclosures (Out-of-Pocket Services)**
You may request restrictions for services paid in full.
- **Right to Confidential Communication**
You may request communication by alternative methods or locations (in writing).
- **Right to Access Records**
You may inspect or obtain copies of PHI (excluding psychotherapy notes).
 - Provided within 30 days
 - Fees may apply
- **Right to Disclosure Accounting**
You may request a list of disclosures (up to 6 years).
 - First request is free
 - Additional requests may incur a fee
- **Right to Amend Records**

You may request corrections in writing with a supporting explanation.

- **Right to a Copy of This Notice**

Available in paper or electronic form.

- **Right to Breach Notification**

You will be notified of any breach of unsecured PHI.

Social Worker Responsibilities

Clarindria Addison, MS, LPC, NCC, is required to:

- Maintain the privacy of PHI
- Follow this notice
- Update clients on policy changes

Revisions will be provided at the next appointment or within 15 days of written request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint:

Shift Consulting MKE

3422 Business Center Drive Suite 106 #1208 Pearland, TX 77584

Email: info@shiftconsultingmke.net

Phone: (414)585-0760

Or:

U.S. Department of Health and Human Services

200 Independence Ave SW

Washington, DC 20201

1-877-696-6775

www.hhs.gov

You may file a complaint without retaliation.

Effective Date

April 14, 2026

Acknowledgment

I acknowledge that I have received this Notice of Privacy Practices and understand how my medical information may be used and disclosed. I understand this acknowledgment will be kept in my medical record for treatment, payment, and healthcare operations.