

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

Overview of privacy issues:

It is my **legal duty to safeguard your Protected Health Information (PHI) and release it only in accordance with state and federal laws and the ethics of the counseling profession.** Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow the use and disclosure of your health information for these purposes. The laws regarding privacy of personal health information are complicated. Federal regulations require your approval of a full **Notice of Privacy Practices (NPP)** as part of receiving health services. To accomplish this, I am providing you with a copy of the full, legally required NPP and a standard consent form that documents your agreement with the NPP. I am not permitted to provide treatment without an executed consent form. You also may have additional questions or concerns, including about situations not covered by this information, and you are encouraged to voice these concerns before starting your treatment and throughout our work together.

Full Notice of Privacy Practices according to HIPAA:

I am required to provide you with this notice about my privacy procedures. The **PHI** constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or projected future health condition, the provision of health care services to you, or the payment for such health care. This Notice must explain **when, why, and how** I would use/or disclose your **PHI**. Use of **PHI** means when I share, apply, utilize, examine, or analyze information within my practice. **PHI** is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. **With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am required to follow the privacy practices described in this Notice.**

In this office, your PHI may include the following information:

- Your history, as a child, in school or work, marriage or personal history.
- Reasons you came for treatment, including stated problems, complaints, symptoms, or needs.
- Diagnoses, which are medical terms for problems or symptoms.
- A treatment plan, including services that I think will be helpful for you.
- Progress notes, which are required notations about how you are doing, what I notice, and what you share during our sessions, over the phone or in writing.
- Records I receive from others who treated or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea of anticipated information, but there may be other kinds of information that is included in your healthcare record.

The purpose of collecting and keeping such information includes using it:

- To plan your care and treatment.
- To decide how well our treatment is working for you.
- To talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us that I billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For publishing case studies for educational purposes.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of our work.

Notice of Privacy Practices Continued

When you understand what is in your record and what it is used for, you can make more informed decisions about whom, when, and why others should have this information. Although your health record itself is the physical property of the healthcare practitioner or facility that collected it, the information that is in it belongs to you. You can read it, and if you want a copy I can make one for you, but I may charge you for the costs of copying and mailing, if you want it mailed to you. In some very rare instances you cannot see all of what is in your records. For example, if a psychotherapist believes that an element of the record could be emotionally damaging for a client to read, the record might be shared only with a professional who will interpret the record for the client. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend your record, although in some rare situations I might not agree to do that. Let me know if you need this explained further.

When an individual inside this office reads your information, in the law, this is called, "use". If the information is shared with or sent to others outside the office, in the law, this is called, "disclosure". Except in some special circumstances, when I use your **PHI** here or disclose it to others, I share only the minimum **PHI** needed for the purpose it is being used. The law gives you rights to know about your **PHI**, how it is used, and to have a say in how it is disclosed.

Uses and disclosures of PHI with your consent: After you have read this **NPP**, you will be asked to sign a separate consent form to allow me to use and share your **PHI** for certain purposes. In almost all cases I intend to use your **PHI** here or share your **PHI** with other people or organizations to provide treatment to you, to arrange for payment for my services, and some other business functions called health care operations. Together these routine purposes are called **TPO** (Treatment, Payment, Operations), and the Consent Form allows me to use and disclose your **PHI** for **TPO**.

TPO Disclosure

A. Treatment: I use your healthcare information to provide you with psychological treatment. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services. I may disclose your **PHI** to others who provide treatment to you. For example, this could be your personal physician. I may refer you to other professionals or consultants for services I cannot provide. I will get back their findings and opinions, and those will be referenced in your records here. If you receive treatment in the future from other professional, I may also share your **PHI** with them. These are some examples so that you can see how I use and disclose your **PHI** for treatment.

B. Payment: I may use your information to bill you or others so I can be paid for the services I provide to you. If I am on an insurance panel, I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatment you have received, and the charges I expect in your situation. I will need to tell them about when we met, your progress, and other similar things.

C. Health care operations: There are a few other ways I may use or disclose your **PHI** for what are called health care operations. For example, I may use your **PHI** to see where I can make improvements in the services I provide. I may be required to supply some information to some government health agencies so that they can study certain problems in treatment and make plans for services that are needed. If I do, **your name and personal information will be removed** from what is sent.

Other uses in healthcare: I may use or disclose medical information to reschedule or remind you of appointments for treatment or other care. You can ask me to call or write to you only at your home or your work or some other way to reach you. I may use or disclose your **PHI** to tell you about or recommend possible treatment alternatives, health-related benefits, or services that may be of interest to you. If I do research, if I publish research results, or if I write about cases for publication I may disclose your **PHI**, but **your name, address, and other personal information will be removed** in such cases. There are some jobs that other businesses provide for me. In the law, they are called business associates. Examples may include a copy service that makes copies of health records and a billing service that figures out, prints, and mails bills. These business associates need to receive **some of your PHI** to do their jobs. To protect privacy, they will have contracted with me to safeguard your information.

Notice of Privacy Practices Continued

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to **PHI** already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and make you aware of the change. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

How I will use and disclose your PHI: I may use and disclose **PHI** for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find different categories of uses and disclosures along with some examples. However, not every particular use or disclosure in every category will be listed.

A. Uses and disclosure of PHI that does not require either a Consent or Authorization Form: The law allows or requires me to use and disclose **some** of your **PHI** without your consent or authorization in **some** cases. Below are examples of when I might have to share your information without your prior consent and written authorization.

I may use and disclose your **PHI** without your consent for the following reasons:

- Your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) however, I have reason to believe that you would consent to such treatment if you could, I may disclose your **PHI**.
- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your **PHI**. I will only do so after attempting to reach you and inform you about the request. In this way, I would attempt to assert your privacy rights.
- If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
- If disclosure is compelled by the client or the client's representative pursuant to Texas Health and Safety Code or to corresponding federal statutes of regulation, such as the Privacy Rule that requires this Notice.
- To avoid harm, I may provide your **PHI** to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is mandated by the Texas Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse, neglect or exploitation.
- If disclosure is mandated by the Texas Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or disabled adult abuse.
- If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you to yourself or against a reasonably identifiable person or persons.
- For public health activities. For example, in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- For health oversight activities. For example, I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization provider.
- For specific government functions. For example, I may disclose **PHI** of military personnel and veterans under certain circumstances. Also, I may disclose your **PHI** in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- For research purposes. In certain circumstances, I may provide your **PHI** in order to conduct medical research. Your **name, address, and other unrelated personal information would be removed** in such cases.

Notice of Privacy Practices Continued

- For Worker's Compensation purposes. I may provide your **PHI** in order to comply with Worker's Compensation laws.
- If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to a subpoena (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- Appointment reminders and health related benefits or services. Example: I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative treatment options or other health-related benefits and services that may be of interest to you.
- If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with **HIPAA** regulations.
- If disclosure is otherwise specifically required by law.

B. Uses and disclosures that require your authorization: If I want to use your **PHI** for any purpose besides the **TPO** or those uses described above, I need your permission on an Authorization Form (consent form). I do not expect to typically have a need for this. It would usually occur if you desired me to disclose **PHI**, for some purpose, to an organization or individual not included above. Certain Uses and Disclosures Require You to Have the Opportunity to Object. You can tell me what you want in terms of sharing information about you with your family or close others and I will honor your wishes as long as it is not against the law. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. If it is an emergency - so that I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and/or if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you do not approve, I will stop as long as it is not against the law.

Other Uses and Disclosures that Require Your Prior Written Authorization. In any other situation not described in Sections A, B; I will request your written authorization before using or disclosing any of your **PHI**. Even if you have signed an authorization to disclose your **PHI**, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your **PHI** by me. However, a revocation is not valid to the extent that I acted in reliance on such authorization.

What Rights you have regarding your PHI:

A. The Right to see and Get Copies of Your **PHI**- in general, you have the right to see your **PHI** that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your **PHI**, but I know who does, I will advise you how you can get it. You will receive a response from me within **30 days** of receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your **PHI**, I reserve the right to charge a reasonable fee for making copies of the requested **PHI**.

B. The Right to Request Limits on Uses and Disclosures of Your **PHI**- you have the right to ask that I limit how I use and disclose your **PHI**. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose How I Send Your **PHI** to You- It is your right to ask that your **PHI** be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the **PHI**, in the format you request, without undue inconvenience.

Notice of Privacy Practices Continued

D. The Right to Get a List of the Disclosures I Have Made- You are entitled to a list of disclosures of your **PHI** that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures **within 60 days** of receiving your written request. The list I give you will include disclosures made in the previous six years (the first six year, unless you indicate a shorter period). The list will include the date of the disclosure, to which **PHI** was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend your **PHI**- If you believe that there is some error in your **PHI** or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response **within 60 days** of my receipt of your request. I may deny your request, in writing, if I find that: the **PHI** is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your **PHI**. If I approve your request, I will make the change(s) to your **PHI**. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your **PHI**.

F. The Right to Get This Notice by Email- You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

How to complain about my privacy practices: If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your **PHI**, please contact me first, and if we are not able to resolve your concern/complaint, you are entitled to file a complaint with Privacy officer in this practice, listed below. You may also send a written complaint to the **U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201**. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

To ask for information, clarification or to complain regarding my privacy practices please contact Shea Alexander by phone at 214-697-5557 or write to Shea Alexander, 2809 Regal Road, Suite 110, Plano, Texas 75075.

Effective Date of this Notice: This notice went into effect on July 15, 2009.