

HIPAA Privacy Notice

Notice of Privacy Practices

I respect my clients' confidentiality and only release information about you in accordance with state and federal laws.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes my policies related to the use of the records of your care. I am required to give you this Notice about (1) **the use and disclosure of your health information** , (2) **my legal responsibilities**, and (3) **your rights concerning your health information** and to abide by the terms of this notice.

1. Use and Disclosure of Protected Health Information:

a. For Treatment. I may use your information, in order to better treat you, in a monthly consultation group of other licensed professionals.. However, if I am consulting with your physician or a previous therapist or any other person, I will ask you to sign a Release of Information.

b. For Payment. I may use and disclose the minimum of your health information to your health insurance company if they request it in order to process your claim.

2. Information Disclosed Without Your Consent:

Under Texas and federal law, information about you may be disclosed without your consent in the following circumstances.

a. Emergencies. Sufficient information may be shared to address an immediate emergency you are facing.

b. Judicial and Administrative Proceedings. We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process.

c. Public Health Activities. If I felt you were an immediate danger to yourself or others, I may disclose health information about you to the authorities, as well as alert any other person who may be in danger.

d. Child/Elder Abuse. I may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.

e. Criminal Activity or Danger to Others. I may disclose health information if a crime is committed on our premises or if we believe there is someone who is in immediate danger.

f. National Security, Intelligence Activities, and Protective Services to the President and Others. I may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.

g. Health Oversight Activities. I may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.

h. Business Associates. I may disclose the minimum necessary health information to business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, if I hire a bookkeeper, that person will come into contact with client billing records. Any business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

i. Marketing. I may send you newsletters or information about services I provide in which I feel you might be interested. You may at any time request that your name be removed from my email list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.

j. Scheduling Appointments. I will use your phone number to call you and leave messages to schedule or remind you of appointments.

3. Your Rights Regarding Your Health Information:

a. Right to Inspect and Copy. You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.

b. Right to Amend. You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I have the right to deny your request under certain circumstances.

c. Right to an Accounting of Disclosures. You have the right to receive a list of instances in which I have disclosed your health information for a purpose other than treatment, payment, or health care operations. Your request must be in writing.

d. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information I use or disclose about you. For example, you could ask that I not share information with an insurance company, in which case you would not recoup any of your cost through your insurance company. A written request is necessary.

e. Right to Request Confidential Communications. You have the right to request that I communicate with you about health matters in a certain way. For example, you may ask that I contact you only by email or at work. You must make this request in writing and it must specify the alternative means or location that you would like me to use to provide you information about your health care. I will make every attempt to accommodate reasonable requests.

f. Right to Obtain a Paper Copy of this Notice. You have the right to receive a paper copy of this notice and any amended notice upon request

Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me, or you may file a complaint with the U. S. Department of Health & Human Services. I will not retaliate in any way if you choose to file a complaint. Complaint to the Secretary must be filed in writing:

Office for Civil Rights

U.S. Department of Health and Human Services

1301 Young Street, Suite 1169

Dallas, TX 75202

This Notice is effective 2-1-2013