

HIPAA - TEXAS PRIVACY NOTICE

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

This notice applies to information and records regarding your health care maintained at my office. I am committed to protecting psychological and medical information about you, which is considered "protected health information" or "PHI." I create a record of the care and services you receive at my office for use in your care and treatment. This notice tells you about the ways in which I may use and disclose psychological/medical information about you. It also describes your rights and certain obligations I have regarding the use and disclosure of your medical information. Please review it carefully.

I am required by law to make sure that your psychological/medical information is protected, to give you this Notice describing my legal duties and privacy practices with respect to medical information about you, and to follow the terms of the Notice that is currently in effect. These mandates are the result of the Privacy Rule of the Health Information Portability and Accountability Act of 1996 (HIPAA), which the federal government finalized in 2001 to help protect your private health information. This Notice also complies with the new Texas health care privacy law that went into effect September 1, 2012.

The following sections describe different ways that I may use and disclose your psychological and medical information. For each category of uses or disclosures, I will describe them and give some examples.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I will not use or disclose your protected health information (information in your health record that could identify you, also known as "PHI") without your authorization, except for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- **Treatment, Payment and Health Care Operations**

- **Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult another health care provider, such as your family physician or another psychologist. I may also contact you to remind you that you have an appointment with me, or contact you if you fail to show for an appointment.

- **Payment** is when I use obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility, coverage or preauthorization for services, or when I send you a bill for services provided. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment used.

- **Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- **Use** applies only to activities within my office at 8499 Greenville Ave., Suite 106, Dallas, TX 75231-2418, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- **Disclosure** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. With your permission (or if you are a minor), I may release medical information to anyone involved in your medical care such as a family member, personal representative or to anyone else you specify. Some disclosures to others may be made without your consent as indicated in **Section III** below, **Uses and Disclosures with Neither Consent nor Authorization**.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provided the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from me relevant to the complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The

privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier as authorized or required by law.
- **Other instances:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Psychologist's Duties Patient's Rights:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment or health care operations. To request a restriction, you must make your request in writing to me at the above address and in your request, you must tell me what information you want to limit; if you want to limit my use, disclosure or both; and to whom you want the limits to apply, for example, only to you and your spouse. I am not required to agree to your request. If I do agree, our agreement must be in writing, and I will comply with your request unless the information falls under **Section III** above, **Uses and Disclosures with Neither Consent nor Authorization.**
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations -** You have the right to request and receive confidential communications of PHI in a certain way or at a certain location. For example, you may ask that I contact you only at work or by mail. To request confidential communications, you must make your request in writing. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Inspect and Copy -** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend -** If you feel that medical information I have about you is incorrect or incomplete, you may ask me to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the PHI is maintained in the record. This request must be made in writing to me at the above address, and you must provide a reason that

supports your request. I may deny your request if you ask me to amend information that I did not create, is not part of the PHI I keep for you, or that is accurate and complete in the record.

- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in **Section III** of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI.** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Right to a Paper Copy - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically. Copies of this notice are available at my office and are also posted on my website at www.mind-bodywellnesscenter.org/.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

V. Questions and Complaints

All requests to restrict use of your health information for treatment, payment, and health care operations, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be made in writing to me at the above address.

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me by phone at (214) 503-1441. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the above address.

You may also send a written complaint to the Secretary of the Department of Health and Human Services. I will provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy This Notice will go into effect on 9-23-2013.

Changes to This Notice: I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by giving it to you in person, electronically, or by mail. A copy of this Notice and any revisions will be posted on my website www.mind-bodywellnesscenter.org/ and will also be available at my office.