

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your therapy record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, the *Code of Ethics of the American Association of Marriage and Family Therapist*, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment, and by posting it on my website when it is developed.

### HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Although the federal HIPAA guidelines permit this use without your express consent, *I will disclose PHI for treatment purposes only with your written authorization unless there is a life-threatening emergency*. To assure you receive the best quality of care I can provide, I consult regularly with expert clinical supervisors at my own expense. The information discussed in these consultations is devoid of specific identifying data and remains confidential.

**For Payment.** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support necessary business activities including, but not limited to, quality assessment activities, licensing, and arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, I must make disclosures of your PHI to you upon your request. In addition, if requested I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, including but not limited to
  - the mandatory **reporting of abuse or neglect of children, elders, and persons with disabilities**
  - mandatory government agency audits or investigations (such as the social work licensing board or the health department or health oversight agency)
- Required by Court Order. Therapy records are generally protected, with the exception of cases involving the **best interests of a child**. Psychotherapy notes require your specific written consent for disclosure.
- Necessary to **prevent or lessen a serious and imminent threat to the health or safety of a person or the public**. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- In the event of your death, your PHI could be disclosed to a family member or other based on your prior consent.
- Other specialized requests, (e.g. from national security authorities) could require me to disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

### **Verbal Permission**

With your verbal permission, I may use or disclose your information to family members that you have directly involved in your treatment with me. I will not disclose information to any family member that is not participating in treatment at your request without your written consent.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. *To exercise any of these rights, please submit your request in writing to me, (the Privacy Officer) at 1823 Fortview Ste 106, Austin, Tx, 78704.:*

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. I will document what you requested as part of the record.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures that I make of your PHI. I may be required to notify you
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless it concerns services you paid for out-of-pocket.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about your treatment in a certain way or at a certain location. You can tell me where and when I can call you to follow-up on your progress, or to confirm or change an appointment, and where I should mail a bill or receipt.
- **Breach Notification.** If there's a breach of unsecured PHI regarding you, I may be required to notify you.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **COMPLAINTS**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me (as Privacy Officer) at 1823 Fortview Suite 106, Austin, Texas 78704, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**