

Notice of Mental Health Professionals' Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and disclosures for treatment, payment and health care operations.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you.

- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your mental health care. An example of treatment would be when I consult with your family physician, a psychologist, psychiatrist or other therapist.
 - *Payment* refers to obtaining reimbursement for your health care. Examples are when I disclose your PHI to your health insurer to obtain reimbursement for you or to determine eligibility.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of such operations are case management or care coordination.
- “*Use*” applies only to activities within my office.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring or providing information about you to other parties.

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 disclosure. In those instances when I am asked for information for purposes outside of treatment, payment or operations, I will obtain an authorization from you before releasing this information. I will also obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes made about our conversation during an individual, joint, family or group counseling session, which I have kept separate from your client information. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations 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 provides the insurer the right to contest the claim under the policy.

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

IV. Client's Rights and Mental Health Professional's Duties.

Client's Rights:

- *Right to Requested Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to your request.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI and psychotherapy notes in my records used to make decisions about you 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 detail of the request and denial process.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. I will discuss the details of the amendment process upon request.
- *Right to an Accounting* – You generally have the right to receive an accounting of the disclosures of PHI for which you have neither provided consent nor authorization.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request.

Mental Health Professional'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.
- If I revise my policies and procedures, I will provide the amended form to current clients at the next scheduled appointment or for inactive clients by mail within 15 days of receiving a request in writing.

V. Questions and Complaints

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.

If you believe that your rights have been violated and wish to file a complaint with me, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can 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 May 4, 2003.

I reserve the right to change the terms of this notice and to make new provisions effective for all PHI that I maintain.