

## Notice of Privacy Practices

### How Your Medical Information Is Used

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND ASK ANY QUESTIONS. You will be asked to sign the Texas Attorney General Authorizing Discloser of Protected Health Information.**

This office will use and distribute this Notice to clients and follow the information practices described in this Notice when using or disclosing records and information. Employees will share your health information with each other, as necessary, to carry out treatment, payment, or health care operations as described in this Notice.

#### Understanding Your Health Information

Each time you visit, call, email or text a counselor, psychiatrist, hospital, clinic, physician, nutritionist, dietitian, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, emergency contacts, and employment information. This health information, often referred to as your health record, or personal health information (PHI), serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by managed care services, governmental programs, insurance companies, employee assistance programs, and other third-party payers to verify the appropriateness of billed services.

#### Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.

We will not use or disclose your health information without your written authorization, except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

#### Examples of Using Health Information for Treatment, Payment and Health Care Operations

We will use and disclose your personal health information for treatment purposes For example: Information obtained by a counselor or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We may also provide your psychiatrist or physician, nutritionist, dietitian, residential or day clinic or treatment facility with copies of various reports that should assist him or her in treating you in the future.

We will use and disclose your health information for payment purposes. For example: A bill may be sent to you or a third-party payer, such as your insurance company, medical claims service, or health care reimbursement account or EAP. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, treatment modality, and procedures. We may disclose health information about you to other qualified parties for their payment purposes. Information about you may be used to process your payment by check or credit card through banking or electronic charge / debit card services.

We will use and disclose your health information for health care operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care we provide. In some cases, we will furnish your health information to other qualified parties for their health care operations.

#### Other Uses and Disclosures of Your Health Information

##### Notification

We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person of your location and general condition. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

##### Business Associates

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. For example: insurance claims and processing service companies, electronic facsimile services, electronic phone credit card services such as Square, electronic computer back-up and storage services, and E tablet services, and internet services offered through cell phones.

##### Appointment Reminders

We may contact you as a reminder that you have an appointment, to cancel an appointment, or to communicate with you about a subject pertaining to your care. You have provided the phone number, email address, or text number through which we may communicate with you.

##### Public Health

We may disclose health information about you for public health activities. These disclosures may be amended by Federal, State or local law or the codes of ethics and Board rules. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of abuse and neglect, such as reports about children, the handicapped, the elderly, the disabled, or any other person who we deem may be in danger, physically or mentally;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

##### Harm to Self or Others

We may also disclose health information if the counselor believes that your physical or mental status presents a danger to you or to others, whether known or unknown.

##### Workers' Compensation

We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

##### Law Enforcement and Military

We may disclose health information if asked to do so by a law enforcement official or the Military as required or permitted by law or in response to a subpoena.

### Health Oversight Activities

We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### Threats to Health or Safety

Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

### Specialized Government Functions

We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

### As Required by Law

We will use or disclose your health information as required by Federal, State or local law. We will also disclose information as required by our licensing boards and our code of ethics, statutes, administrative rules and regulations.

### Lawsuits and Administrative Proceedings

We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may also release your information if you are deceased and we are required to do so by law.

### Employee Assistance Programs and other work related programs

We may disclose protected health information in response to your EAP or other work related program or benefit request.

### Incidental Uses and Disclosures

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, when you are waiting in the lobby or hallway, the counselor may need to call your name to invite you into a session. Additionally, for example, in case of your admittance to a mental health care facility or emergency room or medical care facility, the counselor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Your Health Information Rights** You have the following rights regarding your health information.

#### Right to Inspect and Copy

You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request in writing. If you ask for a copy of your records, we may charge you a copying fee plus postage. If we maintain an electronic health record about you, you have the right to request your copy in electronic format.

#### Right to Request Amendment

You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the counselor. Your request will become part of your file. If your counselor determines that amending the file might cause injury to you or others, or that it might create harm to you or others, or in any way lead to a dangerous situation, the counselor may decline to amend your records. If you wish to amend, please ask us for the form.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to the counselor. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003, or as set forth by federal and state law.

Right to Request Restrictions

You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment, meet laws, regulations, or orders by government or courts.

To request a restriction, you must send a written request to the counselor, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

Right to Request Private Communications

You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the counselor and explain how or where you wish to be contacted. Although we may communicate with you, and you with us through various electronic means, you acknowledge and understand that communication through cell phones, email, twitter, instagram, text messaging, Google messaging, social media, and similar means of communication are not confidential and no privacy is assured.

Right to a Paper Copy of this Notice

You may request an additional paper copy of this Notice at any time from the counselor.

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact your counselor. If you believe your privacy rights have been violated, you may file a complaint with the Texas State Board of Examiners of Professional Counselors. There will be no retaliation for filing a complaint.

Texas State Board of Examiners of Professional Counselors

Mail Code 1982

P.O. Box 141369, Austin, Texas 78714-1369

(512) 834-6658

Address for written requests: 4131 Spicewood Springs Rd, Ste C-8, Austin, TX 78759

My signature below verifies that I have read the Notice of Privacy and that I have had the opportunity to ask questions and that I authorize phone calls, mail, emails, texts, etc. to the addresses and numbers below.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Confidential Address you designate

\_\_\_\_\_  
Confidential email, text #, phone number