

## Notice of Privacy Practices

In accordance with Section 164.520 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) I am providing the following Notice of privacy Practices (NPP). This notice will tell you about how information about you is handled. It tells how I use this information in this office, how it is shared with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. The laws in this state are very complicated and I don't want to make you read a lot that may not apply to you, so I have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask and I will answer your questions or find out the answers.

Each time you visit any doctor's office, hospital, clinic, or any other "healthcare provider" information is collected about you and your physical and mental health. It may be about your past, present or future health or conditions, or the treatment or other services you received. It could be about payment for healthcare. The information we collect from you is called, in the law, PROTECTED HEALTH INFORMATION (PHI). It goes into your medical or healthcare record or files at the office. In this office the PHI is likely to include:

- History information about you as a child, in school, at work, and other personal history
- Reasons you came for treatment, problems, complaints, symptoms
- Diagnoses. This is the medical terms for your symptoms
- A treatment plan. These are the services that we think will best help you
- Progress notes. Each time you come in I write notes about your symptoms and progress
- Records obtained from other healthcare providers who may have evaluated you
- Psychological testing scores, school records, etc.
- Information about medications
- Legal matters
- Billing and insurance information including demographic information

This information can be used for many purposes. For example,

- To plan your care and treatment
- To decide how well the treatment is working for you
- If I talk with other healthcare professionals who are also treating you, such as your family doctor or psychiatrist
- To show you actually received the services for which we billed
- To improve the way we do our job by measuring the results of our work

Although your health record is the physical property of the healthcare practitioner, the information belongs to you. You may inspect, read, or review it. If you want to review it a copy can be made and there is a charge for the labor and copying expense. In some situations you cannot see all of what is in our records. If you find anything in your records you think is incorrect or something important is missing you can ask for an amendment (and information to) your record although in some rare situations we don't have to agree to do that.

### PRIVACY AND THE LAWS

The HIPAA law required me to keep your PHI private and to give you this notice of legal duties and privacy practices, which is called the NPP. I will obey the rules of this notice as long as it is in effect but if the rules change the new NPP will apply to the entire PHI we keep. If the NPP is changed I will post the new Notice in the waiting areas where everyone can view it. You or anyone else can get a copy from me at any time.

## **HOW PHI CAN BE USED AND SHARED**

When your information is read by me or a staff member in this office that is called, in the law, “use.” If the information is shared with or sent to others outside the office, this is called “disclosure.” Except in some special circumstances, if your PHI is used here or disclosed to others, only the **minimum necessary** PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it disclosed. Mainly, I will use and disclose (share) you PHI for routine purposes and will explain more about this below. For other uses I must tell you about them when they occur and have a written Authorization from you unless the law lets or requires me to make the use or disclosure without your authorization. However, the law allows for some use and disclosure without your authorization or consent.

## **CONSENT**

After you have read this Notice you will be asked to sign a separate Consent Form to allow me to use and share your PHI. In almost all cases I intend to use your PHI for routine purposes. These routine purposes include:

- \*To provide treatment for you
- \*Arrange for payment to services, or
- \*Other business functions called health care operations

Together these routine purposes are called TPO and the Consent form allows me to use and disclose your PHI for TPO. Re-read this section until it is clear because it is very important.

## **TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

You must sign the Consent Form before we can begin treatment. If you do not agree and sign the consent, I cannot treat you. Information about you is collected at this office and goes into your healthcare records here. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and healthcare operations.

For treatment your medical information is used to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of services. PHI may be shared or disclosed to others who provide treatment to you. I am likely to share your PHI with your personal physician or psychiatrist. Providers often coordinated your care in this way. They will also enter their findings, the actions they took, and their plans into our record so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot offer such as special testing or treatments. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how the use and disclosure of your PHI can occur for treatment.

Your information may be used to bill you, your insurance, or others to be paid for the treatment I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and what we expect as I treat you. I will need to tell them and when we meet, your progress, and other similar things.

There are some other ways your PHI may be used or disclosed which are called health care operations. For example, I may use your PHI to see where we can make improvements in care and services for you. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If occurring, your name and identity will be removed.

## **OTHER USES IN HEALTHCARE**

Appointment Reminders. Use and disclosure may occur to reschedule or remind you of appointments for

treatment or other care. If you want me to call or write only at home or only at work, or you prefer some other way to reach you, that can be arranged. Just tell me.

Treatment Alternatives. I may use and disclose your PHI to get you with someone else for possible treatment or alternatives that may be of interest to you.

Business Associates. There may be some jobs within the office I do not conduct myself. In the law, people who do these jobs, or other businesses I hire to do them, are called **Business Associates**. Examples included a copy service or computer repairperson. Anyone who works in an area that could contain PHI must be a contracted Business Associate. If those business associates need to see some of your PHI to do their job properly, it is kept to a minimum. To protect your privacy they have agreed in their contract with me to safeguard your information in accordance to HIPPA.

#### **AUTHORIZATION OF USE AND DISCLOSURE**

If you want to use your information for any purpose other than TPO or those previously described I need your permission on an **Authorization Form**. I don't expect to need this very often. If you do authorize me to use or disclose you PHI, you can revoke (cancel) that permission, in writing, at any time. After that time no PHI will be disclosed, however I cannot take back any information disclosed before that time.

#### **USE AND DISCLOSURE OF PHI NOT REQUIRING CONSENT OR AUTHORIZATION**

The law lets me use and disclose some of your PHI without your consent or authorization. The following are such cases:

\*When required by law. Some federal, state, or local laws require use of disclosure such as reporting suspected child abuse or elder abuse, a subpoena, discovery request, or other lawful process. I will do so after trying to tell you about the request or consulting your attorney.

\*When public health agencies are investigating diseases or injuries.

\*For military personnel and veterans to get government benefits programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, your parole or probation officer, and for national security reasons.

\*To prevent serious threat to health or safety. If you or someone else is in danger I will disclose minimum PHI to make an effort toward preventing the danger.

#### **USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT**

I can share some information with those to whom you are close or anyone you choose such as a close friend or clergy. You need to tell me if you want information shared with them. I will make every effort to honor your wishes as long as it is not against the law.

#### **ACCOUNT IF DISCLOSURES**

When I disclose your PHI, I keep some records of who I sent it to, when it was sent, and what was sent. You may get a list of these disclosures.

#### **QUESTIONS OR PROBLEMS**

If you need more information or have questions about the NPP described above please speak to me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care here to take any actions against you if you complain. **If you have any questions regarding this notice or our health information privacy policies, please call me at 832-687-7915.** This notice is effective April 14, 2003.

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

(Please check the box that applies)

- I have been presented with the Notice of Privacy Practices in a language I understand and have been given an opportunity to have a copy supplied to me. I have chosen to not to take a copy.
- I have been presented with the Notice of Privacy Practices in a language I understand and am taking a copy supplied to me.

**NAME** (Print) \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUR PREFERENCES FOR COMMUNICATION OF PERSONAL HEALTH INFORMATION**

**In general, the HIPAA privacy rule gives individual the right to request a restriction on uses and disclosure of their Personal Health Information (“PHI”). The individual is also provided the right to request confidential communications of PHI be made by alternative means such as sending correspondence to the individual’s office instead of their home.**

**I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY).**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Home Telephone at</b> _____                  | <input type="checkbox"/> <b>Written Communication</b>                    |
| <input type="checkbox"/> Okay to leave message with detailed information | <input type="checkbox"/> Okay to mail to my home address                 |
| <input type="checkbox"/> Leave message with name and call-back # only    | <input type="checkbox"/> Okay to fax to _____                            |
|  | <input type="checkbox"/> Okay to mail to my work address<br>_____        |
| <input type="checkbox"/> <b>Work Telephone at</b> _____                  | <input type="checkbox"/> <b>Mobile phone at</b> _____                    |
| <input type="checkbox"/> Okay to leave message with detailed information | <input type="checkbox"/> Okay to leave message with detailed information |
| <input type="checkbox"/> Leave message with name and call-back # only    | <input type="checkbox"/> Leave message w/ name and call-back # only      |
| <input type="checkbox"/> <b>Other</b> _____                              |  |

\_\_\_\_\_  
**Patient Signature**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of Personal Health Information to the minimum necessary to accomplish the intended purpose. These provisions do not apply to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosure. Information provided below, if completed properly, serve as an adequate record.

NOTE: Uses and disclosures to Third Parties may be permitted without prior consent in an emergency.

**RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION  
(To Be Completed by Psychotherapist)**

Date	Disclosed to Whom	Purpose?	Who Disclosed?	What Was Disclosed