

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

I may use or disclose your protected health information (PHI), for treatment, payment, and healthcare 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” is when we provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment would be when I consult with another healthcare provider, such as your family physician or a colleague.
- * “Payment” is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer or other third party to obtain reimbursement for your healthcare or to determine eligibility or coverage.
- * “Healthcare operations” are activities that relate to the performance and operations of my practice. Healthcare operations include quality assessment and improvement activities, business-related matters such as audits and administrative services, supervision, case management, and care coordination.
- * “Use” applies only to activities within my office such as utilizing 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.

2. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An “authorization to release information” is written permission above and beyond the general consent that pertains only to specific disclosures. In those instances when I ask for information for purposes outside of treatment, payment, and healthcare operations, I will obtain authorization from you before releasing this information. I will also need to obtain authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made

about our conversation regarding a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

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 provides the insurer the right to contest the claim under the policy.

3. Use and Disclosures with Neither Consent nor Authorizations

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 Service, the Texas Youth Commission, or to any local or state law enforcement agency.

Abuse of the Elderly and Disabled: 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.

Regulatory Oversight: If you tell me of any sexual involvement with a mental health professional, I will report this to the appropriate State Examining Board. If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that 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 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 imminent physical injury is probable by you to yourself or others, or immediate mental or emotional injury is probable 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, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

4. Client's Rights and My Professional Duties

Client's Rights:

Right to Request 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 the restriction you requested.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeking my services. Upon your request, I will send bills or other correspondence to another address.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and the denial process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, I will discuss with you the details of the amendment process.

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 3 of this Notice.) On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the 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 the policies and procedures, I will post a current copy in my office. You may also request a personal copy.

5. Questions and Complaints

If you have questions or concerns about this notice, disagree with a decision I make about access to your records or have other concerns about your privacy rights, please talk to me about these concerns.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201.

6. Effective Date, Restrictions, and Changes to Privacy Policy

This notice goes into effect on April 14, 2003. 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 at your next visit or by email.