

NOTICE OF PRIVACY POLICIES (Limits of Confidentiality)

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a general principle, I will not disclose protected health information (PHI) about you, or the fact that you are my client, without your written consent. The Electronic Health Record (EHR) describes the services provided to you and contain many types of information, including (but not limited to), the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. For other situations I will require your permission in advance, either through your consent at the onset of our relationship (by signing this document and the Psychologist-Client Service Agreement), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of EHR without Consent or Authorization

There are some important exceptions to this rule of confidentiality – some exceptions created by law or voluntarily by my own choice. If you wish to receive mental health services from me, you must sign this form and the Psychologist-Client Service Agreement indicating that you understand and accept my policies about confidentiality and its limits.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances:

- a) Emergency: If you are involved in in a life-threatening emergency and I cannot ask your permission, I may share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- b) Child Abuse Reporting: If I have reason to suspect that a child is abused or neglected, I am required by Texas law to immediately make a report and provide relevant information to the appropriate authorities (e.g., Texas Department of Family and Protective Services).
- c) Adult Abuse Reporting: If I have reason to suspect that an elderly adult (age 65 years or older) or an adult with disabilities is abused, neglected, or exploited, I am required by Texas law to immediately make a report and provide relevant information to the appropriate authorities.

- d) Serious Threat to Health or Safety: If you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified/identifiable person (such as yourself or someone else), and I believe you have the intent and ability to carry out that threat immediately or imminently, I may contact third parties to ensure your safety and/or the safety of others. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. I may also disclose information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I may be required to provide your records to the magistrate, your attorney or guardian ad litem, a community service board evaluator, or a law enforcement officer. This could occur whether you are a minor or an adult.
- e) Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment, and other EHR, such information is usually privileged under state law. I will not release information unless you provide written authorization, or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, I may be required to place said records in a sealed envelope and provide them to the Clerk of Court. Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered.
- f) Workers Compensation: If you file a worker's compensation claim, I may be required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- g) Health Oversight: As a healthcare professional, it is important to maintain the integrity of the healthcare profession. If you describe unethical or dangerous behavior a health care professional has engaged in, is currently engaged in, or will engage in, I may disclose this to the appropriate authorities to ensure the physical, mental, and/or spiritual health of others. I may also consult with colleagues to inform your treatment plan. I will not disclose your name or other identifiable information during consultation. I may also disclose PHI during audits and investigations.
- h) Communication with You: I may use and disclose your PHI to contact you to remind you that you have an appointment. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- i) Billing Insurance: Insurance payers may request additional information from your EHR for billing purposes, including diagnoses, progress notes, treatment plans, and mental status exams.
- j) Other: When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

III. Patient's Rights and Provider's Duties:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure, or both; and 3) to whom you want the limits to apply.

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. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted. I will agree to all reasonable requests.

Right to an Accounting of Disclosures: 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 II of this Notice). On your written request, I will discuss with you the details of the accounting process.

Right to Inspect and Copy: In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for administrative costs proportionate to the time required to complete the task. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend: If you feel that your PHI is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; I will add your request to the information record; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to a copy of this notice: You have the right to a copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you. I will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you can submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services.

This notice went into effect on 9/28/2021

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of Notice of Privacy Policies.

BY CLICKING ON THE CHECKBOX BELOW I (the Client) AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.