



The Woodlands Family Counseling Center
33300 Egypt Lane Suite I-200
Magnolia, TX 77354
(936) 463-8185

TEXAS HIPAA NOTICE FORM

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

This notice describes how psychological and mental health information about you (or your child if your child is our client) may be used and disclosed and how you can obtain access to this information should you need to. PLEASE REVIEW IT CAREFULLY. THIS INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY LAW.

1. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The Woodlands Family Counseling Center and its staff 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*” is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician, your psychiatrist, or another psychologist with whom you have been in treatment.
- “*Payment*” is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- “*Health Care Operations*” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing 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

The Woodlands Family Counseling Center and its staff may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. 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) The Woodlands Family Counseling Center and its staff 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. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

The Woodlands Family Counseling Center and its staff may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from me 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 therefore, such information is privileged under state law, and we 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 for 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 we 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, we 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. PATIENT'S RIGHTS AND MY DUTIES

Patient'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, we are not required to agree to a restriction you request.
- *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 seeing me. Upon your request, we will send information to another address.)
- *Right to Inspect and Copy:* The laws and standards of my profession require that we keep your PHI in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of 10 cents per page (and for certain other expenses). If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon your request.
- *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, we 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 III of this Notice). On your request, we 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 this notice from me upon request, even if you have agreed to receive the notice electronically.

The Woodlands Family Counseling Center's Duties:

- The Woodlands Family Counseling Center and its staff are 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.
- The Woodlands Family Counseling Center and its staff reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise my policies and procedures, we will provide you a revised copy at your next visit or by mail.

5. QUESTIONS AND COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please discuss these concerns with your counselor.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

- Texas State Board of...
 - Examiners of Professional counselors
 - (512) 834-6658
 - LPC@dshs.state.tx.us
 - Examiners of Marriage and Family Therapists
 - (512) 834-6657
 - MFT@dshs.state.tx.us
 - Social Worker Examiners
 - (512) 719-3521
 - LSW@dshs.state.tx.us
- Texas Department of State Health Services
 - Mail Code 1982
 - P.O. Box 149347
 - Austin, TX 78714

6. EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This notice was updated on January 28, 2018. The Woodlands Family Counseling Center and its staff reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice at your next visit or by mail.