



585 Mountain Shadow Ln., Maryville, TN 37803  
940-300-9933 phone  
Freshperspectivescounseling.com counseling@fpcounseling.com

**Policies and Practices to Protect the Privacy of Your Health Information as stipulated by the Health Insurance Portability and Accountability Act (HIPAA)**

*This notice describes how medical and mental health information about you may be used and disclosed, and how you can gain access to this information. Please review carefully.*

**My Legal Duty**

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this notice about my privacy practices, legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 1, 2023 and remains in effect until I replace it.

I reserve the right to change this privacy practice and the terms of this notice at any time, provided such changes are permitted by applicable law. I agree to make these changes known to you at the time of any changes.

**Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions.

*PHI* refers to information in your health record that could identify you.

*Treatment, Payment and Health Care Operations*

*Treatment* is when I 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 or other practitioner.

*Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I 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 Fresh Perspectives Counseling, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

*Disclosure* applies to activities outside of Fresh Perspectives, such as releasing, transferring, or providing access to information about you to other parties.

**Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission that is above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your counseling notes. "Counseling notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which I 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 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.

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, 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 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 Texas Department of Protective and Regulatory Services.

**Health Oversight:** If a complaint is filed against me with the State Board of Examiners, the board has 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 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 for a third party or where the evaluation is court ordered. You will be notified in advance if this is the case.

**Serious Threat to Health or Safety:** If I 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, 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, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

### **Patient's Rights**

**Right to Request Restrictions –** You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations –** You may request and receive confidential communications of PHI by alternative means and locations. For example, you may not want others to know you are seeing me. On your request, I will send your bills to another address.

**Right to View and Copy –** You have the right to view or obtain a copy of PHI records used to make decisions about you for as long as the PHI records are maintained. Under certain circumstances I may deny your access to PHI, but in some cases you may have this decision reviewed. At your request, I will discuss with you the details of the request and denial process.

**Right to Amend –** You have the right to request an amendment of your PHI for as long as the PHI is maintained in my office. I may deny your request. At your request, I will discuss with you the details of the amendment process.

### **Additional Information**

If I am required, for any reason, to appear in court on your behalf, I require a retainer fee of \$500.00, paid in advance. I will charge you for time spent traveling to and from court in addition to all the time I am required to be present, whether I am testifying or not.

### **Questions and Complaints**

If you feel your privacy rights have been violated, you may contact the Texas State Board of Examiners of Professional Counselors Complaint Process at the following address:

Complaints Management and Investigative Section  
PO Box 141369  
Austin, TX 78714-1369  
1-800-942-5540