



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI").

This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Statement of Our Duties

We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our privacy practice and legal duties. We are required to follow the terms of this notice. We reserve the right to change the terms of this notice based on our needs and changes in state and federal law. If we change this notice we will provide you with a revised notice in writing.

Statement of Your Rights

You have the right to know how we may use or disclose your Protected Health Information (PHI). In addition you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your PHI. However we are not obligated to agree to impose any such restriction.
- The right to access, inspect and receive a copy of the protected health information that we maintain in our files about you. Recipient will be charged a fee for copying and postage of PHI.
- The right to have us correct or amend any information that we create in error.
- The right to receive an accounting of the disclosure of your PHI that we make for other healthcare operations.
- The right to receive communications of PHI in a confidential manner.
- The right to request the release of your records by written request.
- The right to obtain a paper copy of this notice upon request if you received this notice electronically.

Use and Disclosure of Protected Health Information (PHI)

CCBHS Inc adheres to Texas Law and requires written authorization in order to disclose any PHI outside of CCBHS Inc. The use and disclosure of PHI typically occurs in the following occasions:

Treatment: We may use or disclose your PHI to provide, coordinate or manage your treatment including others outside of our practice with whom we are consulting or to whom we are referring.

Payment: Information will be used to obtain and facilitate payment and services provided. This includes verification of benefits, eligibility and coverage, determination of payment status and utilization review activities.

Healthcare Operations: We may also use or disclose your PHI to perform administrative, financial, legal and quality improvement activities necessary to run the business and support the core function of treatment and payment.

Information Disclosed Without Your Consent: Under Texas and Federal law information about you MAY be disclosed without your consent in the following circumstances: a subpoena, court order or mandate to provide public health information such as suspected child, elder or institutional abuse or neglect.

- **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 any of our therapists with the State Board of Examiners of Licensed Clinical Social Workers, the respective Boards have the authority to subpoena confidential mental health information from us 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 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.



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- **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.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. We are required to share information with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe eminent danger may occur to someone.

Our Practices Regarding Confidentiality and Security: We restrict access to your PHI to those who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your private information.

Contact Person for Complaints or Further Information: To request more information about this notice you may contact the person listed below. You may file a complaint either directly to us or to:

*Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369*

or call 1-800-942-5540

You will not be retaliated against in any way for filing a complaint.

To file a complaint with us you may submit one in writing that includes as many details as possible to:

LifeWorks Behavioral Health & Consulting.
PO BOX 10284 Killeen, Texas 76542

My signature below acknowledges I have received or been offered a copy of LifeWorks Behavioral Health & Consulting Notice of Privacy Practices which describes how my PHI is used and shared.

Printed Client Name or Legally Responsible Person

Signature of Client or Legally Responsible Person

Date

