



Aurolina Valdez, M.S.  
Licensed Marriage and Family Therapist  
Registered Play Therapist

## 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 IT CAREFULLY.

Privacy is an important concern for many clients who come to my office. The practices described here are designed to protect your privacy, in compliance with federal and state laws and professional ethics. Due to the complexity of these ethical and legal requirements, some parts of this notice are very detailed. If you have any questions, please feel free to ask.

### A. Introduction

This notice will tell you how your personal information will be handled. It tells how this information is used in my office, how it may be shared with other professionals and organizations, and how you can see it. This notice is supplied so that you can make the best decisions for yourself and your family. If you have questions or concerns about anything in this notice, you may raise them at any time.

### B. Understanding Protected Health Information (PHI)

Each time you visit my office or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and/or mental health. This may include information about your past, present, or future health, as well as tests or assessments, diagnoses, treatment you received, and payment for health care. The information that is collected is called Protected Health Information (PHI). The information I collect goes into the records maintained in my office. In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child, your school and work experiences, your relationships, and other personal history.
- Reasons you came for treatment: Your problems, concerns, symptoms, and needs.
- Diagnoses: Medical terms for your problems or symptoms.
- Treatment plan: A list of the treatments, techniques, and other services that I think will best help you.
- Progress notes: Notes describing what we talked about, as well as goals, strategies, observations, and insights.
- Psychological assessments, test scores, and other reports.
- Records I get from others who evaluated or treated you.
- Information about medications you took or are taking.
- Legal matters.



Aurolena Valdez, LMT

Privacy Practices 2 of 5

- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which were billed to you or to a third party.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in my home office are my physical property, the information belongs to you. You can read your records in my office, and you can ask me to add or correct information if you find something that is incorrect or missing. Although I can decline your request to amend your record, this would happen only in certain rare situations. If you want a copy of your records, I can give you either a summary of our work together or a copy of the records in full. You may be charged for the costs of copying and/or mailing these to you. In the rare event that I believe it would be harmful for you to see something that is in your records, I may temporarily remove this portion of your record. To view or obtain copies of records given to me by other health care providers, you will need to contact them directly.

### **C. Privacy and the Health Insurance Portability and Accountability Act (HIPAA)**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I am not obligated to tell you when I change this notice. However, if there are updates that affect your PHI, I will inform you and can provide you with an email or paper copy upon request.

### **D. How Your Protected Health Information Can Be Used and Shared**

The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. As a general rule, when I use your PHI in this office or disclose it to others, I share only the minimum necessary. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

#### **1. Uses and disclosures with your consent**



Aurolena Valdez, LMT

Privacy Practices 3 of 5

After you have read this notice, you will be asked to sign a separate consent form, which includes giving me permission to use and share your PHI in accordance with the guidelines of this notice. Your PHI may be used and shared as needed to provide treatment to you, arrange for payment for my services, and for some other business functions called “health care operations.”

In other words, I need information about you and your condition to provide care to you. In order for me to care for you properly, you must agree to let me collect the information, use it, and share it as necessary. Because the information is needed for your care, you must sign the consent form before I begin to treat you. If you do not consent, I will not treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

**For treatment.** I use your medical information to provide you with counseling treatments or services. These might include individual, family, or group therapy, treatment planning, or measuring the benefits of my services. I may share your PHI with others who provide treatment to you, such as your personal physician or psychiatrist. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them.

**For payment.** If you want to use your out-of-network benefits I will give you a receipt for services with a diagnosis. Your insurance company may want more information in order to provide you with use your reimbursement. If you choose to file for reimbursement through your insurance company, they may require information from me in order to determine coverage or benefits. I may have to tell them about when we met, your diagnoses, what treatments you have received, your progress, the changes expected in your condition, or other similar things.

**For health care operations.** Using or disclosing your PHI for health care operations goes beyond my care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide.

**Appointment reminders.** I may use and disclose your PHI to reschedule or remind you of appointments. If you have concerns about where or how I contact you, please let me know.

**Treatment alternatives, other benefits and services.** I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you or to tell you about health-related benefits or services that may be of interest to you.

**Business associates.** I may contract with other professionals or businesses to do some jobs for me. In the law, they are called my “business associates.” Examples include using a copy service to make copies of your health records or a billing service to figure out, print, and mail bills. If I employ these services, these business associates may need to receive some of your PHI to do their jobs properly. To protect your privacy, my contract with them will require them to safeguard your information, and they will only be given the minimum information necessary.

### **Uses and disclosures that require your authorization**

If I use your information for purposes other than those described above, I need your permission on an authorization form. For example, you may want me to speak with a family member about your treatment. If you change your mind, you can cancel that permission in writing at any time. I would then stop using or



Aurolena Valdez, LMT

Privacy Practices 4 of 5

disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

### **Uses and disclosures that don't require your consent or authorization**

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this:

- a. To prevent a serious threat to health or safety: If I come to believe that there is a serious threat to your health or safety, or to that of another person or the public, I can disclose some of your PHI in an effort to prevent the danger.
- b. When required by law: There are some federal, state, or local laws that require me to disclose PHI. I have to report suspected abuse of children, elderly, and disabled persons. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request so that we may consult your lawyer and/or try to get a court order to protect the information requested. Additionally, I may have to disclose information to the government agencies that check to see that I am obeying the privacy laws.
- c. For law enforcement purposes: I may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal.
- d. For public health activities: I may disclose some of your PHI to agencies that investigate diseases or injuries.
- e. I may disclose your PHI to workers' compensation and disability programs, or to other government agencies for national security reasons. I will only disclose information when required to do so or when you request it. If you have concerns about these or any other type of disclosures, please bring them to my attention.

### **Uses and disclosures where you have an opportunity to object**

I can share some information about you with your family or close others. Under normal circumstances, I will only do this with your signed authorization. I will ask who you want me to tell and what information you want me to share about your condition or treatment. I will honor your wishes as long as it is not against the law.

If it is an emergency and I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will not share any further information, as long as it is not against the law for me not to.

### **An accounting of disclosures I have made**

When I disclose your PHI, I may keep records of what I sent, when, and to whom. Upon request, you can get an accounting (a list) of many of these disclosures.

( more...)



Aureolena Valdez, LMFT

Privacy Practices 5 of 5

### **E. Your Rights Concerning Your Health Information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home or on a cell phone rather than at work to schedule or cancel an appointment. I will do my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, although you may be charged for the costs of copying and/or mailing these.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If there is a change in this notice, I will inform you and provide you with a copy via email or paper if requested.
6. You have the right to file a complaint if you believe your privacy rights have been violated.
7. You can file a complaint at my office, file at the Texas State Board of Examiners of Marriage and Family Therapists and/or with the Secretary of the U.S. Department of Health and Human Services (in writing).
8. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I am willing to discuss these situations with you as they arise.

### **F. If You Have Questions or Problems**

If you need more information or have questions about the privacy practices described above, please ask. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please bring it to my attention using the contact information below. As stated above, you have avenues to file a complaint. Even if you file a complaint, I can continue to treat you if you desire, and I will not take action against you. If you have any problems or questions about this notice or my privacy policies, please contact me at 2140 E Southlake Blvd. L-328, Southlake TX 76092 or [auro.valdes@gmail.com](mailto:auro.valdes@gmail.com)

(END)