

**NOTICE OF PRIVACY PRACTICES of
MARK S. RIDER, PH.D, LICENSED PSYCHOLOGIST
Effective August, 2020**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT
CAREFULLY

This office is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of your privacy rights and my legal duties and privacy practices with respect to your PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you. This office is required to follow the terms of this new Notice effective for all PHI we maintain.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should information practices change we are not required to notify you, but I will have the revised notice available for you. The revised Notice will be posted in the office. Upon request, we will provide a revised Notice to you.

UNDERSTANDING YOUR PERSONAL HEALTH INFORMATION:

Each time you visit a hospital, physician, mental health professional or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, psychotherapy notes and/or biofeedback assessment and treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer can verify that services billed were actually provided.
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation a source of data for facility planning and marketing.
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- make more informed decisions when authorizing disclosure to others.
- better understand who, what, when, where, and who others may access your health information.
- ensure its accuracy.

YOUR HEALTH INFORMATION RIGHTS: Although your health record is the physical property of my practice, the information belongs to you. You have the following privacy rights with respect to PHI:

1. The right to request restrictions on the use and disclosures of your PHI to carry out treatment, payment or health care operations. ***You should note that I am not required to agree to be bound by any restrictions that you request but am bound by each restriction to which I do agree.***
2. To receive confidential communication of your PHI unless I determine that such disclosure would be harmful to you.
3. To inspect and to request a copy of your PHI unless I determine in the exercise of my professional judgement that the access requested is reasonably likely to endanger your life or physical safety. (Note: If state law allows, "emotional safety" may be included as well or that of another person.) You may request

copies of your PHI by providing me a written request for copies. I will provide you with copies within ten (10) business days of your written request at my office. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time. Fees may include costs of copying, mailing and supplies that are necessary to fulfill your request. Fees will be expected at the time of delivery.

4. To amend your PHI upon your written request to me setting forth your reasons for the requested amendment. I have the right to deny the request if the information is complete or has been created by another entity. I am required to act on your request to amend your PHI within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you. If I deny your requested amendment I will provide you with written notice of my decision and the basis for my decision. You will then have the right to submit a written statement disagreeing with my decision which will be maintained with your PHI. If you do not wish to submit a statement of disagreement, you may request that I provide your request for amendment and my denial with any future disclosure of you with PHI.
5. Upon request to receive an accounting of disclosures of your PHI made within the past six (6) years of your request for an accounting. Disclosures that are exempted from the accounting requirement include the following:
 - a. Disclosures necessary to carry out treatment, payment and health care operations.
 - b. Disclosures made pursuant to your authorization.
 - c. Disclosures made for national security or intelligence purposes.
 - d. Permitted disclosures to correctional institutions or law enforcement officials.
 - e. Disclosures that are part of limited data set used for research, public health or health care operations.

I am required to act on your request for an accounting within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you of the reason for the delay and the date by which I will provide the accounting. You are entitled to one (1) accounting in any twelve (12) month period free of charge. For any subsequent request in a twelve (12) month period you will be charged a fee for each page copied and you will be expected to pay for the copies at the time you pick them up.

6. To receive a paper copy of this Privacy Notice even if you agreed to receive a copy electronically.
7. The right to complain to me and the Secretary of the U.S. Department of Health & Human Services (HHS) if you believe your privacy rights have been violated. You may submit your complaint to me in writing setting out the alleged violation. I am prohibited by law from retaliating against you in any way for filing a complain with me or HHS.

HOW I MAY USE AND DISCLOSE PHI:

Your written authorization is required before I can use or disclose my psychotherapy notes which are defined as my notes documenting or analyzing the contents of our conversations during our counseling sessions and that are separated from the rest of your clinical file.

It is my policy to protect the confidentiality of your PHI to the best of my ability and to the extent permitted by law. There are times however, when use or disclosure of you PHI including, psychotherapy notes, is permitted or mandated by law even without your authorization.

Situations where I am not required to obtain your consent or authorization for use or disclosure of your PHI psychotherapy notes include the following circumstances:

1. By myself or my office staff for treatment, payment or health care operations as they relate to you.

For example: Information obtained by me will be recorded in your record and used to determine the course of treatment that should work best for you. I will document in your record our work together and when appropriate, I will provide a subsequent counselor or healthcare provider with copies of various reports that should assist him/her in treating you once we have terminated our therapeutic relationship.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

2. In the event of an emergency to any treatment provider who provides emergency treatment to you.

For example: Business associates. There are some services provided through agreements with business associates, i.e. answering services. To protect your health information we require business associates to appropriately safeguard your information.

3. To defend myself in a legal action or other proceeding brought by you against me.
4. When required by the Secretary of the Department of Health & Human Services in an investigation to determine my compliance with the privacy rules.
5. When required by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law.

Examples:

To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.

If I reasonably believe an adult individual to be the victim of abuse, neglect or domestic violence to a governmental authority, including a social services agency authorized by law to receive such reports to the extent the disclosure is required by or authorized by law or you agree to the disclosure and I believe in the exercise of my professional judgement disclosure is necessary to prevent serious harm to you or other potential victims. If I make such a report I am obligated to inform you unless I believe informing the adult individual will place the individual at risk of serious injury.

In the course of any judicial or administrative proceeding in response to:

- a) an order of a court or administrative tribunal so long as only the PHI expressly authorized by such orders is disclosed, or
- b) a subpoena, discovery request or other lawful process, that is not accompanied by an order of a court or administrative tribunal so long as reasonable efforts are made to give you notice that your PHI has been requested or reasonable efforts are made to secure a qualified protective order, by the person requesting the PHI.

Child custody cases and other legal proceedings in which your mental health or condition is in issue are the kinds of suits in which your PHI may be requested.

In addition, I may use your PHI in connection with a suit to collect fees for my services.

In compliance with a court order or court ordered warrant; or a subpoena or summons issued by a judicial officer; a grand jury subpoena or summons; a civil or an authorized investigative demand or similar process authorized by law provided that the information sought is relevant and material to a legitimate law enforcement inquiry; the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought and de-identified information could not reasonably be used.

To a health oversight agency for oversight activities authorized by law as they may relate to me (i.e., audits; civil, criminal or administrative investigations, inspections, licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions.)

6. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

7. To funeral directors consistent with applicable law as necessary to carry out their duties with respect to the decedent.
8. To the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
9. If use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
10. To a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling a disease, injury or disability, including, not but limited to, the reporting of disease, injury, vital events such as birth, death, and the conduct of public surveillance, public health investigations, and public health interventions.
11. To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such persons as necessary in the conduct of a public health intervention or investigation.
12. To a public health authority or other appropriate governmental authority authorized by law to receive reports of child abuse or neglect.
13. To a law enforcement official if I believe in good faith that the PHI constitutes evidence of criminal conduct that occurs on my premises.
14. Using my best judgement to a family member, other relative or close personal friend or any other person you identify, I may disclose PHI that is relevant to that person's involvement in your care or payment related to your care.
15. To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority.

I may contact you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have any questions and would like additional information, you may contact me. I am the designated Privacy Officer for my practice and will be glad to respond to your questions or request for information. You may exercise your rights set forth in this notice by providing a written request to Mark S. Rider, Ph.D., 305 Miron, Southlake, TX 76092 or contacting the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EFFECTIVE DATE: 8/1/2020

VERSION: 1