



Client Name (last, first) \_\_\_\_\_ DOB \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

### HIPAA COMPLIANCE

NOTICE OF PRIVACY PRACTICES IN COMPLIANCE WITH: The Health Insurance Portability and Accountability Act of 1996 (HIPAA).  
Effective Date: October 1, 2009

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

#### **Protecting Your Privacy**

Your privacy is of the utmost importance. This information I have we have about you will be held to the highest levels of confidentiality. We are required by law to give you a notice of our privacy practices and to maintain the privacy of your confidential information. This notice describes the information privacy practices followed by Mind Metier, unless you give us permission in writing, we will only disclose your information when we are ethically or legally required to do so. **Confidential Information**

This notice applies to the information and records we have about your counseling, mental health status, and the care of services you receive by Mind Metier.

#### **Use and Disclosure of Protected Health Information Without Authorization**

The law permits Mind Metier to use or disclose your health information without your written consent or authorization for the following purpose:

- **Treatment:** We may use health information about you to provide treatment and services. We may disclose your health information to counselors, supervisors, or administrators of Mind Metier who are involved in your treatment. In addition, therapists may share relevant details about your treatment during peer consultation with other counselors and licensed professionals, exclusively for the purpose of enhancing your quality of care.
- **Center Operations:** We may use your health information for the purposes of Mind Metier records may be accessed by staff members in completion of such responsibilities as intake, scheduling, and billing.
- **Other Circumstances:** In addition, we may use or disclose your health information for the following purposes without your consent or authorization, subject to all applicable legal requirements and limitations:
  - To avert a serious threat to health or safety
  - As required or permitted by law (e.g., cooperation with law enforcement, court officials, or government agencies).
  - As authorized by worker's compensation laws or similar programs that provide benefits for work-related injuries or illness.
  - If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose information about you in response to a subpoena. In the event that you file a law suit against Mind Metier or any of its agents, your health information will no longer be considered confidential and may be part of the case.

#### **Use and Disclosure of Protected Health Information That Require Your Authorization**

Except as provided in this Notice of Privacy Practices, Mind Metier will not disclose your health information without your written authorization. If you sign an authorization form you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot rescind any uses or disclosures that have previously been made with your permission.

#### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the health information we maintain about you.

**The Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as progress notes and billing records. You must submit a written request to Mind Metier in order to inspect and/or copy your information. If you request a copy of the information, we may charge a fee for the costs of copying, postage or other associated expenses. We may only deny your request to inspect and/or copy in certain limited circumstances and with reasonable grounds. If you are denied access to your information, you may as reviewed. If such a review is required by law, we will select a mental health

professional to review your request and our denial. The person conducting the review will not be the person who denied your request, nor will they be affiliated with Mind Metier as one of its agents, and we will immediately comply with the outcome of the review.

**The Right to Amend:** You have a right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information is not created by Mind Metier or if we believe the information is currently accurate.

**The Right to an Accounting of Disclosure:** You have a right to receive an accounting of disclosures of your health information made by Mind Metier, except for disclosures such as treatment, center operations, and certain other disclosures as provided for by law. To obtain an "accounting of disclosure: you must submit your request in writing to Mind Metier. It must state a time period, which may not be longer than six years. Your request should indicate in what form you would like the information provided (i.e., paper, email), as we may charge you for the cost of providing you this information. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred. **The Right to**

**Request Restriction:** You have the right to request a restriction or limitation on how your health information is used or to whom your information is disclosed. We are not required to agree to such requests.

**The Right to Request Confidential Communications:** You have the right to request that we communicate with you about treatment matters in a certain way (e.g., in writing) and/or location (e.g., your work address). We will not ask you the reason for your request. We will accommodate all reasonable requests.

**The Right to a Paper Copy of This Notice:** You may request a paper copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Mind Metier.

#### **Changes to This Notice:**

We reserve the right to change our privacy practices for all health information that we maintain. Revised notices will be posted and we will make a copy of the revised notice for you upon request. The revised notice will be effective for confidential information we already have about you as well as any information we receive in the future.

#### **Complaints and Communication to Us:**

If you wish to communicate with us about privacy issues or if you believe your privacy rights have been violated and wish to file a complaint with our office, you may do so by writing to:

Bonneaux@MindMetier.net  
Mind Metier PLLC  
Coaching, Consulting, & Counseling  
Alisha Bonneaux Med, CSC, LPC

You will not be penalized for filing a complaint with our office.

#### **Complaints and Communication to the Federal Government:**

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government by contacting the OCR Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services (DHHS), 1301 Young Street, Suite 1169, Dallas, Texas, 75202, (214) 767-4065. Information is also available on the DHHS website at: <http://www.hhs.gov/ocr/privacy/>. You will not be penalized for filing a complaint with the federal government.

I have read this notice and received a copy for my records.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_