

NOTICE OF PRIVACY PRACTICES

This document describes how medical information about you may be used and disclosed. It also notifies you how to obtain this information. Be sure to review this notice very carefully so you are aware of our privacy practices.

Your Protected Health Information (PHI)

Your Protected Health Information (PHI) is any paper or electronic health information that may identify you in a medical record or information that was created, disclosed, or used in the course of providing service for physical or mental health care such as diagnosis, payment or treatment.

This Notice of Privacy Practices describes:

1. 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 Texas State Board Of Examiners Of Professional Counselors Code of Ethics.
2. your rights regarding how to obtain and control the use of your PHI

We are required by law to:

1. maintain the privacy of your PHI
2. provide you with notice of our legal duties and privacy practices with respect to your PHI
3. abide by the terms of this Notice of Privacy Practices.

We reserve the right to change the terms of our Notice of Privacy Practices at any time. Should changes occur, we will provide access to the updated document by posting a copy on our website, supplying it at an in-person appointment (if available), or sending a copy to you via mail or e-mail upon your request. Any updated Notice of Privacy Practices will be effective for all PHI maintained at the time of the update.

How Your PHI May Be Used or Disclosed

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. PHI will not be disclosed to any other parties without your authorization.

For Payment: With your authorization, your PHI may be used and disclosed in order to receive payment for services rendered to you. Examples of payment-related activities include actions such as determining eligibility for insurance coverage or benefits, processing insurance claims, and determining medical necessity for health care. In the event that lack of payment for services requires the use of a collection agency, the minimum amount of PHI necessary for collection proceedings to occur will be used.

For Health Care Operations: Your PHI may be used or disclosed in order to conduct business activities including, but not limited to, those such as billing services, internal or external audits, and licensing. In this case, every effort will be made to ensure that those business activities and services engage in privacy practices that protect your PHI.

For Educational Purposes: Your PHI will not be disclosed for educational or training purposes without your prior authorization.

Required by Law: Under the law, your PHI must be provided to you upon your request. This request must be in writing. In addition, we must make disclosures to the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule or other entities as required by law. Disclosure of PHI as required by law do not require prior authorization.

Without Authorization: The following categories describe the use and disclosure of PHI without authorization as permitted by HIPAA. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- **Child Abuse or Neglect:** Your PHI may be disclosed, without prior authorization, to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings:** Your PHI may be disclosed pursuant to a subpoena, court order, administrative order or similar process.
- **Deceased Patients:** Use or disclosure of PHI regarding deceased patients as mandated by state law or to a family member or friend that was involved the individual's care or payment for care prior to death, based on prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies:** Your PHI may be disclosed to medical personnel in the event of a medical emergency only in an effort to prevent serious harm. Attempts will be made to provide you with a copy of this notice within a reasonable time after the emergency is successfully resolved.
- **Family Involvement in Care:** Your PHI may be disclosed to close family members or friends directly involved in your treatment with prior consent or as necessary to prevent serious harm.
- **Health Oversight:** If required, your PHI may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance for services provided (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement:** Your PHI may be disclosed to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order, or similar document, for the purpose of identifying a suspect, material witness or missing person in connection with the victim of a crime, a deceased person, the reporting of a crime in an emergency, or a crime on the premises.
- **Specialized Government Functions:** Your PHI may be disclosed, after receipt of requests from U.S. military command authorities if you serve or have served as a member of the armed forces, to authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.
- **Public Health:** If required, your PHI may be disclosed to a public health authority for mandatory public health activities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or, if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- **Public Safety:** Your PHI may be disclosed if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, that disclosure will be made to a person, persons, or entity reasonably able to prevent or lessen the threat, including the target of the threat.
- **General Information or Fundraising:** General information or fundraising communications may occasionally be sent to you. You have the right to opt out of such communications.
- **Verbal Consent:** Your PHI may be disclosed to family members or other individuals involved in your treatment with your verbal permission only in the event that written consent could not be obtained through reasonable means.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that the use or disclosure has already occurred as a result of your prior authorization.

The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

- **Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You may be assessed a reasonable fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend:** If you feel that your PHI is incorrect or incomplete, you may request an amendment to the information, although agreeing to the amendment is not required. If the request for an amendment is denied, you have the right to file a statement of disagreement. A rebuttal to your statement may be prepared, of which you will be provided a copy. Please contact us if you have any questions.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain PHI disclosure that are made. If more than one request is made in 12-month period, you may be charged a reasonable.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. However, agreeing to your request is not required unless the request is to restrict disclosure of PHI regarding a health care item or service that you paid for out of pocket.
- **Right to Request Confidential Communication:** You have the right to request that communicate with you about health matters occur in a certain way or at a certain location. Accommodations for reasonable requests will be made. Information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request may be requested. An explanation of why you are making the request will not be required.
- **Breach Notification:** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice:** You have the right to a copy of this notice.

Complaints: If you feel as if your privacy rights have been violated, you have a right to file a complaint in writing Keonsha Bernard, LPC at keonshabernard@gmail.com or 310 Morningside Dr. Unit 1701, Friendswood, Texas 77549 or with the Texas Department of State Health Services (DSHS) HIPPA Privacy Officer at <http://www.dshs.texas.gov/hipaa/privacycomplaints.shtm> or 1-800-942-5540. We will not retaliate against you for filing a complaint.