

# NOTICE OF PRIVACY PRACTICES

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## HIPPA COMPLIANCE

Notice of Privacy Practices in compliance with: The Health Insurance Portability and Accountability Act of 1996 (HIPPA) 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 to me. The information I have about you will be held to the highest levels of confidentiality. I am required by law to give you a notice of my privacy practices and to maintain the privacy of your confidential information. This notice describes the information on my privacy practices. Unless you give me permission in writing, I will only disclose your information when I am ethically or legally required to do so.

### Confidential Information

This notice applies to the information and records I have about your counseling, mental health status, and the care of services you will receive during our work together.

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

The law permits me to use or disclose your health information without your written consent or authorization for the following purposes:

- **Treatment:** I may use health information about you to provide treatment and services. I may disclose your health information to counselors, supervisors, or administrators 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.
- **Insurance:** If you pursue treatment with in-network or out-of-network insurance reimbursement, I may be required to share elements of treatment with your insurance provider.
- **Other Circumstances:** In addition, I 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, I may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose information about you in response to a subpoena. In the event that you file a law suit against me, your health information will no longer be considered and may become part of the case.

### Use and Disclosure of Protected Health Information That Requires Your Authorization

Except as provided in the Notice of Privacy Practices, I 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, I will no longer use or disclose information about you for the reasons covered by your written authorization, but I cannot rescind any uses or disclosures that have been previously made with your permission.

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## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the health information I 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 in order to inspect and/or copy your information. If you request a copy of the information, I may charge a fee for the cost of copying, postage, or other related expenses. I 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 ask that the denial be reviewed. If such a review is required by law, I will select a mental health professional to review your request and our denial. I will immediately comply with the outcome of the review.
- **The right to amend:** You have the right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. I may deny your request if the information was not created by me or if I believe the information is currently accurate.
- **The right to an accounting of disclosures:** You have a right to receive and accounting of disclosures of your health information made by me, except for disclosures such as treatments and certain other disclosures as provided for by law. To obtain an “accounting of disclosures”, you must submit your request in writing. It must state a time period which may not be longer than 5 years. Your request should indicate what form you would like the information provided (i.e. paper, e-mail), as I may charge you for the cost of providing you this information. I 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 restrictions:** You have the right to request a restriction or limitations on how your health information is used or to whom your information is disclosed. I am not required to agree to such requests.
- **The right to request confidential communications:** You have the right to request that I communicate with you about treatment matters in such a way (e.g. in writing) and/ or location (e.g. your work address). I will not ask you the reason for your request and I will attempt to 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. Contact me directly to request a copy and it is also available electronically on my professional website.

### **Changes to this Notice**

I reserve the right to change my privacy practices for all health information that I maintain. Revised notices will be made available in the event of any changes. The revised notice will be effective for confidential information I already have about you as well as any information I receive in the future.

### **Complaints and Communications to the Federal Governments**

If you believe 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, US Department of Health and Human Services (DHHS), 1301 Young St., Suite 1169, Dallas, Texas, 75202, (214) 767-4056. 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.

### **Additional Protections of your Privacy**

In addition to being HIPPA compliant, I also comply with all federal and state legislation pertinent to health and mental services provisions regarding the practice of counseling, psychology, and related services. If you have any questions concerning your rights, please let me know!