

NOTICE OF PRIVACY PRACTICES

Notice of psychotherapist's Policies and Practices to Protect the Privacy of Your Patient's Health Information.

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

- a. We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:
- b. "PHI" refers to information in your health record that could identify you.
- c. "Treatment, Payment, and Health Care Operations"
 - i. Treatment is when your therapist provides, coordinate or manage your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another therapist.
 - ii. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - iii. Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- d. "Use" applies only to activities within the office, clinic, practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you
- e. "Disclosure" applies to activities outside of my practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

- a. We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, your therapist will obtain an authorization from you before releasing this information. They will also need to obtain an authorization before releasing your psychotherapy notes.
- b. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

- a. We may use or disclose PHI without your consent or authorization in the following circumstances:
 - i. Child Abuse: If your therapist knows or have reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, your therapist must immediately report the information to the local welfare agency, police or sheriff's department.
 - ii. Adult and Domestic Abuse: If your therapist has reason to believe that a vulnerable adult is being or has been maltreated, or if they have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, they must immediately report the information to the appropriate agency in this county. We may also report the information to a law enforcement agency.
 1. "Vulnerable Adult" means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.
 - iii. Health Oversight Activities: The Texas State Board of Social Workers, The Texas State Board of Examiners of Professional Counselors, or the Texas Medical Board may subpoena confidential mental health records from your therapist if they are relevant to an investigation it is conducting.
 - iv. Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law and we must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
 - v. Serious Threat to Health or Safety: If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, your therapist must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. Your therapist must also do so if a member of your family or someone who

knows you well has reason to believe you are capable of and will carry out the threat. We also may disclose information about you necessary to protect you from a threat to commit suicide.

- vi. Worker's Compensation: If you file a worker's compensation claim, a release of information from your therapist to your employer, insurer, the Department of Labor and Industry.

IV. Telemedicine, E-mails, and Text

- a. Telemedicine:
 - i. Laws that protect the confidentiality of your medical information also apply to telemedicine.
 - ii. The information disclosed by you during the course of psychotherapy is generally confidential. However, there are both mandatory and permissive expectations to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where your mental or emotional state becomes an issue in a legal proceeding.
- b. E-mails and Text:
 - i. Your therapist is allowed and covered by Privacy Rule to communicate electronically, such as through e-mail and text, with you, provided they apply reasonable safeguards when doing so.
 - ii. Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

V. Patient's Rights and Psychotherapist's Duties

- a. Patient's Rights:
 - i. Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
 - ii. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, we will send your bills to another address.)
 - iii. Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes) in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process.
 - iv. Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
 - v. Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
 - vi. Right to a Paper Copy - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically
- b. Psychotherapist's Duties:
 - i. Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
 - ii. Your therapist reserves the right to change the privacy policies and practices described in this notice. Unless your therapist notifies you of such changes, however, they are required to abide by the terms currently in effect.
 - iii. If your therapist revises their policies and procedures, they will notify you in writing by mail or in person.

VI. Complaints

- a. If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, you may further discuss this with the Business Manager at 713-365-9015.
- b. You may also send a written complaint to the Behavioral Health Executive Council (BHEC) located at 333 Guadalupe Street, Suite 3-900 Austin, TX 78701, who may be reached by telephone at 1-800-821-3205, or you may also send the written complaint to the applicable state board of your therapist. The persons listed above can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions, and Changes to Privacy Policy

- a. This notice is effective June 1, 2018.
- b. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting a revised copy in a prominent place in the waiting room, or providing a copy at your next therapy session.