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Notice of How I Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

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

I 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:

- “PHI” refers to information in any health care records I maintain regarding you that could identify you.
- “*Treatment, Payment and Health Care Operations*”

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to any third party payor to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my 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.

*“*Use*” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

*“*Disclosure*” applies to activities outside my practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission permitting specific disclosures above and beyond those permitted by the general consent. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversations during a private, group, joint or family counseling sessions which I have kept separate from the rest of your individual record. Under Federal law, these notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (regarding 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

I may use or disclose PHI without consent or authorization in the following circumstances:

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of this belief within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or any local state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report this belief to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the Texas State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from me relevant to the complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. I will not release such information unless I have either written authorization from you or your personal or legally appointed representative or else a court order. The privilege does not apply when you are being evaluated for a their party or when the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health and Safety:** If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.

• **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

IV. **Your Rights and My Duties**

**Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

**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. Upon your request, I will send any mail to you at another address that you provide me.)

**Right to Inspect and Copy.* You have the right to inspect or obtain a copy (or both inspect and obtain a copy) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI or to psychotherapy notes under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

**Right to Amend.* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

**Right to Accounting.* You generally have the right to receive an accounting of disclosures of PHI for which you have provided neither consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

**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.

-I am 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.

-I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

-In the event that you are likely to be individually affected by a change in my policies and procedures, I will inform you of this fact and, upon your request, will provide you with a copy of the new policies and procedures via the United States Postal Service. Also upon your request, I will provide you with a copy of the new policies and procedures either through the Postal Service, via electronic mail, or in person regardless of whether you are likely to be affected by the changes in them or not.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the address provided on my letterhead.

You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions & Changes to Privacy Policy

(This notice will go into effect on May 20, 2005)

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail and/or through electronic mail.

ACKNOWLEDGMENT OF PROVISION OF NOTICE OF PRIVACY PRACTICES

The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the privacy provisions of which are effective April 14, 2003, gives you certain rights as a client of my psychology practice. My approach to your privacy has always been and will continue to be to treat all information regarding you with greatest possible care.

An important provision of HIPAA is that I must provide you with a notice of my privacy practices. You are encouraged to refer to this document on my website or you may request a paper copy to keep in your personal files.

I acknowledge receipt of a copy of Dr. John's privacy policy and procedures. I understand these policies and procedures and agree to their provisions regarding me.

Signature

Date