

Notice of Privacy Practices/HIPAA

Introduction

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed, and how you may gain access to this information. Please review it carefully. Clinical standards, ethics, and law require appropriate written records of service. My documentation of services I provide assists me in my care to you, provides documentation of services billed, and allows for ease of communication with other healthcare providers should you need it. Personal information I receive about you from other sources (e.g., a physician you have authorized to release prior records to me) may also be entered into your record in this office.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

I may be required by clinical standards, professional ethics, or law to disclose limited information to specific professionals or agencies. Some of the uses or disclosures will require your prior written authorization, whereas other circumstances will not. In this Notice, you will find an explanation of various terms and an explanation of uses and disclosures with examples.

Who Will Follow This Notice

Any healthcare professional authorized to enter information into your medical record, all employees, staff, and personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites, and locations of this practice may share medical information for treatment, payment purposes, or healthcare operations described in this Notice. I will limit the information used or disclosed to the *minimum necessary* to accomplish the task.

Important Terms

The following defines important terms and their use in this document.

- Protected Health Information (PHI) refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information about your treatment.
- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care.
- Use applies only to activities *within* my office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- Disclosure applies to activities *outside* of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

- Authorization is your written permission to *disclose* confidential health information. All authorizations to release information must be made in writing on a form that specifies specific parameters of disclosure.

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.

Treatment

If you are being treated by a team within this practice, I and other members of the team can share some of your PHI with other team members, so that the services you receive will work best together.

Each member of your team will document the services provided, and each team member can review your record. In the event of an emergency, or with written authorization to release information from you, I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care outside of this practice.

Your consent is not required for the disclosure of PHI to healthcare providers in the event of a medical emergency. Should you be unable to communicate with me (e.g., if you are unconscious or in severe pain), and I think that you would consent to such treatment if you could communicate, I may disclose your PHI for your medical care. An example of disclosure requiring your authorization would be disclosure of a summary of your treatment information to your primary care physician or another provider I refer you to such as a psychiatrist.

Payment

Your PHI may be used, as needed, in activities related to obtaining payment for your healthcare services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

Health Care Operations are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your PHI in support of business activities. For example, I may use your PHI to see where I can make improvements in the care and services I provide.

Written Authorizations to Release PHI

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization unless otherwise permitted or required by law as described in the following section. This Authorization will remain in effect for a length of time you and I determine. You may revoke the Authorization, in writing, at any time though previous action taken in reliance on it, cannot be reversed.

Uses and Disclosures without Authorization

The ethics code of the American Psychological Association, Texas state law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. There are some disclosures that do not require your Authorization. I may use or disclose PHI without your consent in the following circumstances:

- Child Abuse – If I have cause to believe a child has been, or may be, abused or neglected, I must report this to the appropriate authorities.
- Adult Abuse – If I have reason to believe that an elderly individual or a person with a disability who is protected by state law has been, or may be, abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- Sexual Exploitation - If I have knowledge or reasonable suspicion of sexual exploitation by a mental health service provider, I must report that knowledge or suspicion to the professional's licensing body. Such reports can be filed without identification of the alleged victim.
- Health Oversight Activities – I may disclose your PHI to a health oversight agency for an investigation or audit of a healthcare system authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in my defense.
- Judicial and Administrative Proceedings – I am required to release PHI when court ordered or served a subpoena requesting to do so.
- Serious Threat of Harm to Health or Safety of Self or Other – If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm. If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is a clear, imminent risk of injury being inflicted against another identifiable individual, I may make disclosures that I believe are necessary to protect that individual.
- Worker's Compensation – I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness.
- Decedents - I may disclose PHI to funeral directors as needed and to coroners or medical examiners to identify a deceased person and perform other functions authorized by law.
- Additional Federal, State, or Local Laws - I may disclose your PHI if disclosure is otherwise specifically required by federal, state, or local laws that are not specifically mentioned in this Notice.

Special Authorizations

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

- Psychotherapy Notes – I will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation

during a private, group, joint, or family therapy session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

- HIV Information – Special legal protections apply to HIV/AIDS-related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- Alcohol and Drug Use Information – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. 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; the law provides the insurer the right to contest the claim under the policy.

Patient's Rights

- Right to Request Restrictions – You have the right to request restrictions on use or disclosure of PHI. I do not have to agree to your request. I will put any agreement in writing and will honor it except when it is against the law, in an emergency, or when the information is necessary to treat you.
- Right to Receive Confidential Communications of PHI – You have the right to request and receive confidential communications 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, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in my records as these records are maintained. In such cases, I will discuss with you the process involved and may charge you a reasonable rate for copies.
- Right to Amend – If you believe that the information in your records is incorrect or missing something important, you may request that I make additions to your records to correct the situation. In such cases, I will discuss the amendment process. I reserve the right to deny an amendment request.
- Right to an Accounting – You have the right to receive an accounting of all disclosures of PHI beyond that used for treatment, payment, and operations. I can 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 of Privacy Practices. If I change this Notice, I will post the new one in my office waiting area and on my website. You can request a paper copy from me as well.

Psychologist's Duties

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. If I revise my policies and procedures, I will notify you at our next session, or by mail at the address you provided me.

Complaints

I am the Privacy Officer for my practice, responsible for developing and implementing the privacy policies and procedures of my practice. If you believe your privacy rights have been violated, you may file a complaint with me or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint. If you have any questions about this Notice or would like to file a complaint with the Secretary of the Department of Health and Human Services, please contact me.

Acknowledgment of Privacy Practices/HIPAA Notification

I understand that Jesse Passler, Ph.D., is a licensed psychologist in the state of Texas, license #38551. I acknowledge the receipt of the Privacy Practices/HIPAA Notification for my review. I understand that the HIPAA form will remain available on Dr. Passler’s website and that I may request a hard copy if I cannot access it.

Client’s Printed Name

Client’s Signature

Date