

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Client _____ Date _____

Signature of Parent/Guardian _____ Date _____

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes my privacy practices. You can request a copy of this notice at any time. For more information about this notice or my privacy practices and policies, please contact me.

TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

Treatment

I am permitted to use and disclose your medical information to those involved in your treatment. When I provide treatment, I may request that your primary care physician share your medical information with me. Also, I may provide your primary care physician information about your particular condition so that s/he can appropriately treat you for other medical conditions, if any.

Payment

I am permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, I may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the service provided to you, that your insurer or HMO needs to approve payment to me.

Health Care Operations

I am permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, I may engage the services of a professional to aid this practice in its compliance programs. This person would review billing and medical files to ensure that I maintain compliance with regulations and the law.

Disclosures That Can Be Made Without Your Authorization

There are situations in which I am permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations I will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop further uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight

I may disclose your medical information for public health activities. Public Health Activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. I may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or

condition. I may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

I may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires licensed professional counselors to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

I may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

I may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, I may disclose your medical information under limited circumstances provided that the information:

- is released pursuant to legal process, such as a warrant or subpoena;
- pertains to a victim of crime and you are incapacitated;
- pertains to a person who has died under circumstances that may be related to criminal conduct;
- is about a victim of a crime and I am unable to obtain the person's agreement;
- is released because of a crime that has occurred on these premises; or
- is released to locate a fugitive, missing person, or suspect.

I may also release information if I believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Worker's Compensation

I may disclose your medical information as required by the Texas Workers' Compensation Law.

Inmates

If you are an inmate or under the custody of law enforcement, I may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

I may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, I may release medical information to researchers for research purposes. I may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, I may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, I may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his/her duties.

Required by Law

I may release your medical information where the disclosure is required by law.

Your rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability Act (HIPAA). Those regulations create several privileges that clients may exercise. I will not retaliate against a patient that exercises their HIPAA rights.

Requested Restrictions

You may request that I restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. I do NOT have to agree to this restriction, but if I do agree, I will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: a) the information to be restricted, b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and c) to whom the limits apply.

You may also request that I limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

Receiving Confidential Communications by Alternate Means

You may request that I send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. I am required to accommodate only **reasonable** requests. Please specify in your correspondence exactly how you want me to communicate with you and, if you are directing me to send it to a particular place, the contact/address information.

Inspections and Copies of Protected Health Information

you may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and I ask that requests for inspection of your health information also be made in writing.

I can refuse to provide some of the information you ask to inspect or ask to be copies if the information:

- includes psychotherapy notes;
- includes the identity of a person who provided information if it was obtained under a promise of confidentiality;
- is subject to the Clinical Laboratory Improvements Amendments of 1988; or

- has been complied in anticipation of litigation.

I can refuse to provide access to or copies of some information for other reasons, provided that I provide a review of my decision on your request. Another Licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that I am ready to provide copies or a narrative within 15 days of your request. I will inform you of when the records are ready or if I believe access should be limited. If I deny access, I will inform you in writing.

HIPAA permits me to charge a reasonable last based fee. The Texas Board of Examiners of Professional Counselors (TSBEPC) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event, the lower of the fees will be charged.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing. I will respond within 60 days of your request. I may refuse to allow an amendment if the information:

- was not created by this practice;
- is not part of the Designated Record Set;
- is not available for inspection because of appropriate denial; or
- if the information is accurate and complete.

Even if I refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If I refuse to allow an amendment, I will inform you in writing. If I approve the amendment, I will inform you in writing, allow the amendment to be made and tell others that I now have the correct information.

Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request, and me to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person listed below. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period I am permitted to charge for the cost of providing the list. If there is a charge I will notify you and you may choose to withdraw or modify your request before any costs are incurred.

Appointment Reminders, Treatment Alternative, and Other Health-related Benefits

I may contact you by telephone, mail, or both to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. I will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services

HIPAA Complaint

7500 Security Blvd., C5-24-04

Baltimore, MD 21244

My Promise to You

I am required by law and regulation to protect the privacy of your medical information, to provide you with this notice of my privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Deanna Miesch, LPC-S

1200 E. 11th St., #109

Austin, TX 78702

ph: 512-699-4811

This notice is effective on the following date: 4-14-2003

I may change my policies and this notice at any time and have those revised policies apply to all the protected health information I maintain. If or when I change my notice, I will post the new notice in the office where it can be seen.