



Psychotherapy Office

NOTICE OF PRIVACY POLICIES

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

PURPOSE

Your health record contains personal information about you and your health.

This information may identify you, your past, present or future physical and mental health condition and your related health care services. It is referred to as protected health information. This Notice describes how I may use and disclose your protected health information and your rights regarding this information.

This Notice of Privacy Policies is being provided as a requirement of federal law, the Health Insurance Portability and Accountability Act (HIPPA), and includes changes and other additions which resulted from the Federal HITECH Act of 2009 and Texas HB 300 of 2012. These laws require me to protect the privacy of your protected health information. I am required to utilize physical, administrative, and technical safeguards to maintain this privacy. I will not use or let others see your protected health information without your permission except as described in this Notice.

I will ask for your written authorization to use or disclose your protected health information except for those times when I am allowed or mandated to use or disclose this information without your permission, as explained in this Notice.

USES AND DISCLOSURES

How I may use and disclose protected health information about you.

For Treatment. Your protected health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose protected health information to any other consultant only with your authorization. I may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment. I may use and disclose protected health information so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of protected health information necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your protected health information in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your protected health information with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your health information. For training or teaching purposes protected health information will be disclosed only with your authorization.

USES AND DISCLOSURES PERMITTED OR MANDATORY

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. It is my practice to adhere to more stringent privacy policies for disclosures without an authorization.

As Required by Law. I will disclose your protected health information when I am required to do so by Federal, State or local law such as when requested by the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Child Abuse or Neglect. I may disclose your protected health information to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Deceased Patients. I may disclose protected health information regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.

Health Oversight. If required, I may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Judicial and Administrative Proceedings. I may disclose your protected health information pursuant to a subpoena, court order, administrative order or other lawful process. This will only occur after efforts have been made to notify you of the request for disclosure or to obtain an order protecting your health information.

Law Enforcement. I may disclose protected health information to law enforcement officials in response to a request, as required by law, to report criminal activity, to respond to a valid subpoena, court order, summons, warrant, or similar process, or in connection with the reporting of a crime in an emergency or a crime occurring on my premises.

Medical Emergencies. I may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Public Health. If required, I may use or disclose your protected health information for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. I may disclose your protected health information if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. Protected health information may only be disclosed after a special approval process.

Serious Threat to Health or Safety. I may, consistent with applicable law and ethical standards of conduct, use or disclose protected health information if I believe that such use or disclosure is necessary to prevent or minimize a serious and imminent threat to your health or safety.

Specified Government Functions. In certain circumstances, Federal regulations authorize me to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, medical suitability determinations, correctional institution and law enforcement custodial situations.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. If you give me permission to use or disclose your health information, you may revoke it at any time. I will not be liable for using or disclosing the information prior to the time of your revocation.

Worker's Compensation. I may release your protected health information to comply with worker's compensation laws or similar programs.

Verbal Permission. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding protected health information I maintain about you.

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy protected health information including mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy protected health information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your protected health information.

Right to Amend. If you feel that the protected health information I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that I make of your protected health information. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your protected health information for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations, and the protected health information pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

Breach Notification. If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

CHANGE OF TERMS OF NOTICE OF PRIVACY POLICIES

I reserve the right to change the terms of my Notice of Privacy Policies at any time.

Any new Notice of Privacy Policies will be effective for all protected health information that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Policies by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint.

Respond in writing to Privacy Officer, Howard Lindemann, LCSW, 5828 Balcones Dr., Ste 103, Austin, TX 78731-4279. I will not retaliate against you for filing a complaint.

You can also file a complaint with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services:

Region VI - AR, LA, NM, OK, TX
Office for Civil Rights, DHHS
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 FAX

The effective date of this notice is January 1, 2016.