

# HIPAA Notice of Privacy Practices

## Amber M. Prather MA, LPC

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

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of my notice at any time. The new notice will be effective for all protected health information that I maintain at that time. In the event that the notice is changed, a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of this Notice at any time.

### Uses and Disclosures of Protected Health Information

#### Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment by signing the consent form, I will use or disclose your protected health information as described below.

**Treatment:** I may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services.

**Health Operations:** I may use and disclose, as needed, your health information in connection with my healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.

#### Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in the notice.

**Emergencies:** I may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, I will disclose health information based on determination using my professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.

#### Other permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to object

I may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** I may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Health Oversight:** I may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** I may disclose your protected health information to the Department of Human Services which is authorized by law to receive reports of child abuse or neglect. In addition, I may disclose your protected health information if I believe that you have been a victim of abuse or neglect to the Department of Human Services. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** I may disclose your protected health information in the course of any judicial, or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** Consistent with applicable federal and state laws, I may disclose your protected health information, if I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**National Security:** I may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**Appointment Reminders:** I may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or texts).

**Required Uses and Disclosures:** Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500 et.seq.

### **Client Rights**

**Access:** You have the right to inspect and copy your protected health information. I will use the format your request unless I cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. I will charge you a reasonable cost-based fee for expenses such as copies and staff time. If your request copies, I will charge you \$1.00 for the first page, and \$.25 each page thereafter to locate and copy your health information plus postage if you want the copies mailed to you.

**Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.**

**Restriction:** You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed by family members or friends who may be involved in your care or notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If I agree to the additional restrictions I will be able to abide by my agreement (except in an emergency).

I am not required to agree to a restriction that you may request. If I believe it is in your best interest to permit use and disclosure of your protected health information, your protected information will not be restricted.

**Alternative Communication:** You have the right to request to receive confidential communications from me by alternative means or at an alternative location. You must make your request in writing.

**Amendment Request:** You have the right to request that I amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, I may deny your request for an amendment. If I deny your request for you amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Disclosure Accounting:** You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment or healthcare operations as described in this Notice of Privacy Practices.

**Notice:** You have the right to obtain a paper copy of this notice from me upon request.

### **Questions and Complaints**

You may complain to my licensing board and/or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by me. I support your right to the privacy of your protected health information. I will not retaliate in any way if you choose to file a complaint with my licensing board or with the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services--Region VI  
Ralph Rouse, Regional Manager  
Office for Civil Rights  
1301 Young Street, Suite 1169; Dallas, TX 75202  
Voice Phone (214)767-4056; FAX (214)767-0432

I have read and received a copy of the Notice of Privacy Policy.

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Client's signature

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Client's Printed Name

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Date