



HEALTH INSURANCE PORTABILITY AND ACCESSIBILITY ACT (HIPAA)

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

Right to Notice

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA) your protected health information can be used for treatment, payment, and healthcare operations.

- **Treatment.** I may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- **Payment.** I may use and disclose your health information to obtain payment for services provided to you.
- **Healthcare Operations.** I may use and disclose your health information in connection with health care operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider's performance, conducting training programs, accreditations, certification, licensing, or credentialing activities.

Your Authorization

Most uses and disclosures that do not fall under treatment, payment or healthcare operations will require your authorization in writing. I may use or disclose your information without your consent or authorization in the following circumstances:

- **Abuse Situations.** If I have cause to believe that a child, elderly or disabled person has been, or may be, abused, neglected, or exploited, I must make a report of this belief to the appropriate authorities.
- **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 that 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 third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or 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.

- **Appointment Reminders.** I may use or disclose your health information to provide you with appointment reminders via phone, email or letters.

Your Rights as a Patient

I have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or healthcare operations.

- You have a right to confidential communications regarding your protected information. If you have specific concerns about your privacy, you have the right to request and receive confidential communications by alternative means and at alternative locations (such as on your cell phone rather than your home or work phone).
- You have a right to inspect and copy your protected health information.
- You have a right to amend your protected information
- You have a right to receive an account of disclosures of your protected health information.
- You have a right to a paper copy of this privacy notice.

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.

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT

I certify that I have carefully reviewed and understand the HIPPA privacy notice information. I have been offered a copy of this privacy notice.

Client Name	Client Signature/Legal Guardian	Date
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