



8821 Davis Boulevard, Suite 310 • Keller, Texas 76248
817-492-5105 • www.drjaquitto.com

TEXAS NOTICE FORM

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- *PHI* refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations"*
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult another health care provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurance to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
 - *"Use"* applies only to activities within the practice at 8821 Davis Boulevard Keller Parkway, Suite 310 Keller, Texas 76248, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
 - *"Disclosure"* applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provided the insurer the right to contest the claim under the policy.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Family and Protective Services, Texas Child Protective Services (CPS)
- **Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Texas Department of Family and Protective Services, Texas Adult Protective Services (APS).
- **Health Oversight:** If a complaint is filed against the practice or clinicians within the practice with the State Board of Examiners of Psychologists or Licensed Professional Counselors, they have the authority to subpoena confidential mental health information from us relevant to the 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, and we will not release information, without written authorization from you or your personal or legally appointed representative, or 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 we 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, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

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IV. Patient's Rights and Clinician's Duties

Patient's Rights:

- *Right to Request Restrictions* — You have the right to request restrictions on certain disclosures of PHI about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your written request, we will send your bills to another address.)
- *Right to Inspect and Copy* — You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes (if any were kept) in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* — You have the right to request an amendment (but not a deletion) from your PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* — You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Copy of Your Record* — You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

In addition, as of the HIPAA Final Rule (enforceable as of September 23, 2013), clients' rights include:

- *Right to restrict certain disclosures of Protected Health Information (PHI) to a health plan* — As patient or guardian of the patient you have the right to restrict certain disclosures of Protected Health Information to a health plan if you **pay out-of-pocket in full** for the health care service;
- *Right to Notification following a Breach of unsecured PHI* — You have the right to be notified following a breach of their unsecured PHI (the patient should provide their clinician with the mail address at which they prefer to be notified).
- *Right to written authorization for release of PHI* for uses and disclosures not described in your privacy notice. You must sign an authorization before we can release your PHI for any uses and disclosures not described in this Privacy Notice.

Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a copy either in person at your next appointment or upon request through the mail.

V. Questions and Complaints

- If you have questions about this notice, disagree with a decision we have taken about access to your records, or have other concerns about your privacy rights, you may contact us by phone at **817-492-5105**.
- If you believe that your privacy rights have been violated and wish to file a complaint with our practice, you may send your written complaint to **Jaqui R. Otto, Ph.D. at 8821 Davis Boulevard, Suite 310, Keller, Texas 76248**.
- You may also send a written complaint to the Texas State Board of Examiners of Psychologists at 333 Guadalupe, Tower 2, Room 450, Austin, Texas 78701 or telephone 1-800-821-3205 at the 24-hour, toll-free complaint system.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

In January 2013, the U.S. Department of Health and Human Services (HHS) issued the long awaited final omnibus rule (Final Rule) implementing the Health Information Technology for Economic and Clinical Health (HITECH) Act Modifications to the Privacy Rule and other rules under the Health Insurance Portability and Accountability Act (HIPAA). Psychologists, therapists, and other covered entities (CE) and business associates must comply with the requirements of the Final Rule by Sept. 23, 2013.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide clients with a revised notice by giving it to them in person at their next session or by mail when requested in writing.

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I have received a copy of The Oak Inside: Center for Psychological Assessment & Counseling's 'Notice of Policies and Practices to Protect the Privacy of Your Health Information' and have asked questions to ensure my understanding.

Client/ Parent/Guardian Signature

Date