

**Notice of Privacy Practices-This Notice describes how medical information about you may be used and disclosed and how you can get access. Please review it carefully.**

**Privacy and the Laws**

I am required by privacy regulations of federal law as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to tell you about privacy rules. HIPAA requires me to keep your medical information private and to give you this Notice of Privacy Practices (NPP) that describes my legal duties and privacy practices. I will obey the rules of this NPP as long as it is in effect, but if I change it the new NPP will apply to all the medical information I keep. You may request a copy of the current NPP from my office, by telephone request at 281-896-1194, or by mailing a request to me at 1458 Campbell Rd., Suite 250A, Houston, TX 77055.

**What is Meant by Medical Information**

Each time you visit me or any medical establishment (e.g. doctor's office, hospital, clinic), information is collected about you and your physical and mental health, otherwise known as your medical record. It may be information about your past, present, or future health, tests or treatment you receive, or payment. The information I collect from you is known as **Protected Health Information (PHI)** and goes into your medical or healthcare record. In my office, your records are likely to include these kinds of information:

Your background – childhood, school, work, marriage, medical, and personal history; Reasons you have sought therapy – problems, symptoms, needs; Diagnoses – medical terms for your problems or symptoms as necessary; Treatment plan – list of treatments, modalities, or services I think might help you; Progress notes – every time you come for a session, I make notes that might include how you are doing, what you tell me, what I notice; Records I receive from others who have evaluated or treated you; Test scores or reports from psychological tests, school records, etc.; Information about medications and therapy you had in the past or have now; Legal matters; Billing and insurance information.

I may use the above information for a variety of reasons, for example: To plan your treatment/therapy; To determine how well treatment is working; To confer with other professionals who are treating you (e.g. family doctor who referred you); To verify to your health insurance or other billing agent that you have received services from me; For medical/psychological research; For public health officials who are trying to improve healthcare; To measure the results of my work so that I can improve the way I do my job.

The above contains examples of information contained in your records and how it is used; there may be other kinds of information and uses for your records. By understanding the above, you can make more informed decisions about who, when, and why others should have this information.

Although your medical or healthcare records are “owned” by the healthcare practitioner or facility that collected it, the information belongs to you. You can see your record and if you want a copy I can make one for you (but I have a legal right to charge you for any related copying and mailing costs). In some situations you cannot see all of what is in your records, such as psychotherapy notes. If you find anything in your records that you think is incorrect or believe that something important is missing, you may ask me to amend your health information. Whether you would like a copy or wish to make changes, you must make these requests in writing, and they must be signed and dated. You should tell me what information you need to see, or you must tell me the reasons you want me to make the changes, although in some cases I do not have to agree to do so.

**How Your PHI can be Used and Shared**

“Use” is when I or others read your PHI; “disclosure” is when information is shared with or sent to others. I will use or disclose only the minimum necessary PHI unless under special circumstances. You have rights under the law to know about your PHI, and how it's used, how it's disclosed. There are several reasons in my practice for which I will use and disclose PHI, mostly for routine purposes (see below). For uses and disclosures outside my practice, I must inform you and have a written Authorization Form unless I am allowed or required by law to disclose without your authorization.

1. Uses and Disclosures of PHI with your consent: You allow me to use and disclose your PHI within my practice for the routine purposes of providing treatment, arranging for payment, or other business functions known as healthcare operations. These routine purposes are called Treatment, Payment, or Healthcare Operations (TPO). Allowing me to use and disclose your PHI for TPO is important because I need information about you and your condition to provide adequate care.

- Treatment: I use your PHI to provide you with psychological treatment or service that might include individual, couple, or family therapy; neurofeedback; assessment and testing; treatment planning; measuring benefits of treatment; or consulting with your family physician.
- Payment: I may use your PHI to bill you, your insurance company, or others so I can be paid for treatments. I may contact your insurance company to check on reimbursement and coverage. I may have to tell them your diagnoses, treatments you have received, and changes I expect. I will need to tell them about when we met, your progress, and likewise.
- Healthcare Operations: I may use your PHI to determine if I can improve your care by measuring your progress. I may be required to supply information to government health agencies for research purposes so they can improve health outcomes. If so, your name and other personally identifying information will be removed from what is sent.

1a. Other Uses in Healthcare: I may use/disclose PHI for appointment reminders or to reschedule appointments. Please let me know if you prefer one method of contact over another. I may use PHI to recommend alternative treatments or tell you about other services that may be of benefit to you. I may use/disclose your PHI for personal research to improve treatments; for example, by comparing your progress with two different treatments. If I share this with others researchers, your name and other personally identifying information will be removed. If the researchers need to know who you are or contact you, I will discuss it with you and ask you to sign an Authorization Form before identifying information is released. Also, there may be other businesses or individuals who do work for me, legally known as Business Associates, for example, billing or accounting services. They may need a limited amount of your PHI. They agree in their contracts to protect your privacy.

2. Uses and Disclosures that Require Your Authorization: To use your information for purposes besides TPO and aforementioned reasons, I need your permission via an Authorization Form (written and signed). You have a right to cancel your authorization for me to use or disclose PHI, at any time, in writing. After that I will not use or disclose information for the purpose to which you previously agreed.
3. Uses and Disclosures of PHI from Mental Health Records that Do Not Require Consent or Authorization: In some cases, the law allows or requires me to use or disclose some of your PHI without consent or authorization. Some Examples:
  - When required by law – some federal, state, or local laws require me to disclose PHI: if I suspect child, elderly, or disabled persons abuse or neglect; if I receive a subpoena, discovery request, or for another lawful purpose if you are involved in a lawsuit or legal proceeding (I will try to tell you about the request, consult with your lawyer, or try to get a court order to protect the information they requested); if I have to disclose information to government agencies which check to see that I am obeying privacy laws.
  - Law enforcement purposes – I may disclose PHI if asked to do so by law enforcement to investigate a crime or criminal.
  - For specific government functions – I may disclose PHI of military personnel and veterans to government programs relating to eligibility and enrollment, or to Worker's Compensation and Disability programs, or for national security reasons.
  - To prevent a serious threat to health or safety – If I feel there is imminent physical or mental danger by you to you or others, I can disclose some of your PHI. I will only disclose to persons who can prevent the danger.
  - Patient abuse or sexual exploitation – I am required by law to disclose if I feel there was abuse or exploitation by a previous therapist to the appropriate county district attorney and licensing board.
4. Uses and Disclosures when you have the Opportunity to Object: I'll share information only with those involved in your care and anyone else you choose, such as family or close others (friends, clergy). I'll ask you who you want me to tell and what information you want them to know about your condition or treatment. I'll honor those wishes as long as it is not against the law. If it is an emergency and I cannot ask if you disagree, I can share information if I feel it is what you would have wanted or I believe it will help you if I share it. If I do share information in an emergency, I'll tell you as soon as I can. If you disapprove I will stop, as long as it is not against the law.
5. Accounting of Disclosures – I may keep some records about who I disclose your PHI to, when I sent it, and what I sent. You can get an accounting (list) of many of those disclosures. I am not required to keep an accounting of disclosures for TPO.

**For Questions or Information:**

You have a right to revoke your consent to my Privacy Practices by writing a letter to me at 1458 Campbell Rd., Suite 250A, Houston, TX, 77055. I will comply with your wishes to not disclose information from that time on, but may have already disclosed information that cannot be rescinded.

Please feel free to discuss with me if you: 1) Need more information about privacy practices, 2) Have questions about the privacy practices, 3) Are concerned about how your PHI is being handled, or 4) If you believe your privacy rights have been violated. We can discuss any of these things in my office, by phone at 281-896-1194, or mail: 1458 Campbell Rd., Suite 250A, Houston, TX, 77055.

You have a right to file a complaint with me or the US Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC, 20201. All complaints must be in writing. Filing a complaint will not change the healthcare I provide you. The effective date of this notice is May 1, 2010.