

Psychological Associates *of Clear Lake*

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HIPAA PRIVACY NOTICE AND OFFICE POLICIES

Notice of Psychologists' 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 OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

I 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing psychotherapy notes. “*Psychotherapy notes*” are notes I may have made about our conversation during a private,

group, joint, or family counseling session, which I have kept separate from the rest of your medical record. It is not always the case that I have kept separate notes. 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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the 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, treatment and the records thereof, such information is privileged under state law, and I 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 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.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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 me. Upon your request, I 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will post a notice on the website and in my office.

V. Questions and 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 either Michael Jones, Ph.D. or Lesli Zinn, Ph.D. and discuss your concerns. If you believe that your privacy rights have been violated and wish to file a complaint with *our* office please send a *written* complaint to our office address.

You also have the right to report complaints to the Texas State Board of Examiners of Psychologists, which can be contacted at 333 Guadalupe, Suite 2-450, Austin, Texas, 78701, (512) 305-7700, www.tsbep.state.tx.us.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Office Policies

Cancellations. If you are unable to keep your scheduled appointment, you are required to provide notice of cancellation 24 hours in advance by calling 281-554-6100 or emailing to doctor@4psych.com. We reserve the right to charge you the full fee for a failed appointment or one not cancelled with notice. Responsibility for the fee is incurred at the time the appointment is made.

Using Insurance. There are times when insurance companies will not reimburse as expected. However, it is understood that by accepting the service offered you are willing to pay regardless of your insurance company's ultimate reimbursement. You agree to be responsible for checking and verifying your exact insurance coverage. It is understood that you will verify and notify us of about any insurance limitations, precertification requirements, or changes. If claims are not paid by your insurance company in 90 days, you become responsible for payment and have the option to contact your insurance company and inquire about your claim.

Voice mail. You are able to communicate with your doctor through our confidential voice mail system. If you use the voice mail system you have a reasonable expectation of privacy. The voice mail system is password protected and only your doctor will have access. If you leave a message on the mailbox for new patients either Dr. Jones or Dr. Zinn will have access.

Email. You may also communicate with your doctor by email. Computers on which email is read by the doctor are password protected. However, email is not a secure modality of communication. It is possible that third parties may have access to private health information if you use email. For example, some administrators in the workplace may monitor the content of emails of their employees when sent from an office computer. While we make this mode of communication available as a courtesy it is assumed that you use it at your own risk and understand any limitations of privacy your use of email in your situation might entail.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2005. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. We will provide you with a revised notice by making it available at my office and by posting it on the website.

Acknowledgment of Receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgment****

Signature _____ **Date** _____