

Terrie S. Emel, LCSW, PLLC
2203 Timberloch Place, Suite 218-B
The Woodlands, Texas 77380
281-389-8059

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

THIS NOTICE DESCRIBES HOW 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

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 therapist.

- *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, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, 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, or 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 or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I may make about our conversation during a private, group, joint, or family counseling session, which I will keep 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) 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 and Neglect** ó If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must file a report within 48 hours with 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** ó If I have cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation, I must report this belief to the Texas Department of Protective and Regulatory Services. Please note that the term “adult”, for the purposes of this section, means any person sixty years of age or older, any disabled person eighteen years of age or older, or an emancipated minor.
- **Health Oversight Activities** – If a complaint is filed against me with The Texas State Board of Examiners, they may subpoena confidential mental health records from me relevant to that complaint.
- **Judicial and Administrative Proceedings** ó 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 I will not release information without your written authorization, or a court order. In the event of your death, your legally-appointed representative will be given access if a suit is brought on behalf of the estate. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety** ó If you communicate to me a threat of physical violence, which I deem to be significant, against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, I must take reasonable precautions to provide protection from the violent behavior. These

precautions include communicating the threat to the potential victim(s) and notifying law enforcement.

- **Worker's Compensation** ó If you file a worker's compensation claim and I have treated you relevant to that claim, I must disclose any requested medical information and records relative to your injury to your employer, to a licensed and approved vocational rehabilitation counselor assigned to your claim, another health care provider examining you, or the worker's compensation insurer.

IV. Patient's Rights

- *Right to Request Restrictions* ó You have the right to request a restriction or limitation on the use and disclosure of your PHI for treatment, payment, or health care operations. However, I am not required to agree to your request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* ó 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. On your request, I will send correspondence to another address.)
- *Right of Access to Inspect and Copy* ó You have the right to inspect or obtain a copy (or both) of PHI 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. On your request, I will discuss with you the details of the request and denial process. We may charge a reasonable, cost-based fee for copies.
- *Right to Amend* ó 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 of Disclosures* ó You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description generally of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- *Right to a Paper Copy* ó 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.

V. Therapist'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 notify you by mail or in person with a revised form.

VI. Complaints

If you are concerned that we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at Terrie Emel, LCSW, 2203 Timberloch Place, Suite 218B, The Woodlands, TX 77380 or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on August 10, 2010.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person.

Consent for the Use or Disclosure of Health Information for Treatment, Payment, or Health Care Operations: In our Notice of Privacy Practices, we provide you information about how Terrie Emel, LCSW can use or disclose your mental health and medical information. As described in our Notice of Privacy Practices, we request your consent for any use or disclosure of mental health and medical information to carry out treatment, payment or health care operations. You have a right to review our Notice of Privacy Practices before signing this Consent form.

By signing this Consent form, you: (1) Acknowledge that a copy of the Notice of Privacy Practices has been provided to you; and (2) Consent to our use and disclosure of your health information for treatment, payment or health care operations, as described in the Notice of Privacy Practices. You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed your health information in reliance upon this Consent.

Signature of Client Legal Representative

Date

Patient's Name (Printed) Date