

MB Counseling Services, PLLC 512-877-8594

Health Insurance Portability and Accountability Act (HIPAA) - PRIVACY NOTICE

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.

In this Privacy Notice, “medical information” and “psychological information” mean the same as “health information.” Health information includes any information that relates to:

- your past, present, or future physical or mental health or condition.
- providing health care to you; or
- the past, present, or future payment for your health care.

Protecting Your Privacy

Mental health professionals must always manage mental health records with great concern for privacy and confidentiality. We are required by law to protect the privacy of your health information. This means that we will not use or disclose your health information without your authorization except in the ways we tell you in this notice.

If we wish to use or disclose your health information in ways other than those stated in this notice, we will ask you for your written authorization. If you give such an authorization, you may revoke it at any time, but we will not be liable for uses or disclosures made before you revoked your authorization.

Although the security of mental health records has continuously been addressed by Professional Codes of Ethics as well as by State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of HIPAA and your rights concerning privacy and your mental health records.

Who will observe these rules?

In our practice, the following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapist
- Any billing agency or collection agency that handles information about you (name and address, diagnostic codes, treatment codes, and consultation dates...but not actual clinical records)

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU:

1. The Right to Inspect and Obtain a Copy of Your Mental health Record

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways:

- The Clinical Record (required), which includes the date of your consultations, your reasons for seeking therapy, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, and any reports to your insurance carrier; and 2) Psychotherapy Notes (optional), which consist of specific content or analyses of therapy conversations (some of which may include sensitive information you have revealed that is not required to be included in your Clinical Record) and therapist's notes that may assist in treatment. Psychotherapy Notes are kept separate from your clinical record in order to maximize privacy and security.

You have the right to inspect and to receive a copy of your Clinical Record. Viewing your record is best done during a session, however, rather than on your own, in order to clarify any questions, you might have at the time. We require that such a request must be submitted to our office in writing, and we charge a nominal fee for accessing and photocopying a patient's record. Psychotherapy Notes, however, if created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking a session's

many details – details that are far too specific to be entered in the Clinical Record. If your case manager or insurance company requests to see the psychotherapy notes, you have a choice about consenting (signing a Release of Information form) or denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance company or HMO is obliged to provide payment, as usual.

2. The Right to Request a Correction or Add an Addendum to Your Mental health Record Correction: If you believe there is an inaccuracy in your clinical record, you may request a correction in writing. If the information is accurate, however, or it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case, you will receive an explanation in writing, with a full description of the rationale. Additionally, you may request to place a copy of your written disagreement in your records. Addendum: You also have the right to make an addition to your record, if you think that it is incomplete.

3. The Right to an Accounting of Disclosures of Your Mental health Information to Third Parties

You have the right to know if, when, and to whom your mental health information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of disclosures, as you would have signed consent forms allowing them (e.g., to other psychotherapists, primary care physicians, specialists, etc.). This accounting must extend back for a period of six years.

4. The Right to Request Restrictions on How Your Information is Used

You have the right to request restrictions on certain uses or disclosures of your mental health information, beyond what the law requires. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. We do not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, and other exceptions specified in this notice.

5. The Right to Request Confidential Communications

You have the right to request that your therapist communicate with you about your treatment in a certain manner, or at a certain location. For example, you may prefer to be contacted at work, instead of home, or on a cellular telephone, to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office box, or at some other address. We prefer you submit such requests in writing and be specific with respect to how/when/where to contact you.

6. The Right to a Copy of This Notice Upon Request

You have the right to request and obtain a copy of this Notice of Privacy Practices.

7. The Right to Withdraw Permission to Disclose Health Information

You have the right to withdraw permission you have given us to use or disclose health information that identifies you, unless we have already taken action based on your permission. In order to take effect, your request to withdraw permission must be submitted to our office in writing.

8. The Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. Complaints must be filed in writing, and may be addressed directly to your therapist, or to the Secretary of the Department of Health and Human Services (address: Office for Civil Rights, 200 Independence Ave., S.W. Washington, DC 20201). If you have any questions or concerns about this notice or your health information privacy, please do not hesitate to address them during session or contact our office by telephone (office: 214-755-6119).

9. Right to be Notified in There is a Breach of Your Unsecured PHI

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

10. Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For Treatment:

We will access your record and use mental health information about you to assist in the continuity of your treatment and services. We will not share this information with other health care professionals, however, unless you specifically request it or agree to it, and sign a consent form to that effect.

As Required by Law:

It is possible (but unlikely) that the Department of Health and Human Services may review how our office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as a part of providing evidence of compliance. Additionally, we may be required by law to may disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

Limits to Confidentiality:

There are circumstances when a clinician may break confidentiality, or is required to break confidentiality and thus disclose your mental health information. This is accounted for under section 164.512 of the Privacy Rule and the state's confidentiality law. If a therapist believes you are the victim of abuse or neglect, or perceives you to be a danger to yourself or others, he/she may disclose health information about you to the appropriate agency or individual (e.g., government agency, police, family members, relevant healthcare providers who may assist in taking protective action). Please refer to our Therapy Contract and Office Policies for a more detailed description of the limits of confidentiality. Should such a circumstance arise, we will make every reasonable effort to discuss with you our ethical or legal obligations to disclose confidential information before doing so.

Business Associates:

Our office may contract with a billing agency or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency, requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Changes to this notice:

Please note that this privacy notice may be revised from time to time. We will notify you of changes in the laws concerning your privacy and rights as we become aware of these changes. In the meanwhile, please do not hesitate to raise any questions or concerns you might have about your confidentiality.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child, if applicable, in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

How Your Health Information is Stored and Secured

We take the security of your protected health information (PHI) seriously and follow both legal and ethical standards to protect your privacy. Your records are maintained using the following safeguards:

- **Electronic Records:** All clinical records are stored in a secure, HIPAA-compliant electronic health records (EHR) system. This system uses encryption, password protection, and access controls to limit access to authorized users only.
- **Paper Records:** If any paper records exist, they are kept in locked file cabinets in a secure office space accessible only to authorized personnel.
- **Access Control:** Only your treating therapist and designated administrative personnel involved in billing or compliance have access to your records, and only for legitimate professional purposes.
- **Transmission Security:** Any electronic communication of PHI (such as fax or email) is conducted using secure methods, and only with your consent when required.
- **Retention and Disposal:** Records are retained according to state and federal regulations, and are securely destroyed when no longer needed (e.g., shredding paper records or permanently deleting digital files).

These practices are regularly reviewed to ensure compliance with current HIPAA regulations and to safeguard your information against unauthorized access, use, or disclosure.