

Notice of Privacy Practices

Balcones Counseling

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This notice describes how health information may be used and disclosed, and how you can access it. Please review it carefully.

I. MY PLEDGE TO YOU REGARDING RECORDS OF CARE

I pledge to protect your personal health information. I create records of the care and services I provide to you, which are necessary for quality care and legal compliance. This notice informs you about how I may use and disclose your health information and your rights and obligations regarding your health information. This notice applies to all records of your care generated by Balcones Counseling. I am required by law to:

- a. Ensure that protected health information (“PHI”) that identifies you is kept private.
- b. Provide you with this notice of my legal duties and privacy practices with respect to health information.
- c. Follow the terms of the notice that is currently in effect.

If I change the content of this Notice, it applies to all your records at Balcones Counseling. The updated Notice would be available in my office, in the client portal, and upon request.

The following sections list ways I use and disclose your health information. These sections are not exhaustive, but all permitted uses and disclosures fall within these categories.

II. USE AND DISCLOSURE OF HEALTH INFORMATION

Certain uses and disclosures of your PHI **REQUIRE** your authorization.

1. Psychotherapy Notes. I keep “psychotherapy notes”, as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in consultation with my supervisor, to help me improve my skills as your counselor.
 - c. For my use in defending myself in legal proceedings instigated by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.

- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. 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 of your PHI **DO NOT REQUIRE** your authorization, subject to legal limitations.

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. I may also disclose your child's health information in response to subpoenas, discovery requests, or other lawful processes. In both these circumstances, 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 are available to you.
11. For treatment payment or health care operations: Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose your personal health information without your written authorization to carry out treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider without your written authorization. For example, if I

consult with another licensed health care provider about your condition, I can use and disclose your confidential personal health information to assist me in diagnosing and treating your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard because counselors and other healthcare providers need access to the full record and complete information to provide quality care. The word “treatment” includes coordinating healthcare providers with third parties, consultations, and referrals.

Certain uses and disclosures require you 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.

III: YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information (PHI):

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your health record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so (see “Fee Schedule & Financial Agreement” document).
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Receive a Paper or Electronic Copy of this Notice. You have the right to receive a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgment of Receiving Privacy Notice

Under HIPAA, you have rights regarding the use and disclosure of your protected health information. By checking the box below, you acknowledge receiving a copy of HIPAA Notice of Privacy Practices.

By clicking the checkbox, I agree to have read, understood, and agree to the items in this document.