
Notice of Privacy Practices

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.

Privacy is an important concern for many clients who come to my office. The practices described here are designed to protect your privacy, in compliance with federal and state laws and professional ethics. Due to the complexity of these ethical and legal requirements, some parts of this notice are very detailed. If you have any questions, please feel free to ask.

Contents of this notice

- A. Introduction
- B. Understanding Protected Health Information (PHI)
- C. Privacy and the Health Insurance Portability and Accountability Act (HIPAA)
- D. How Your Protected Health Information Can Be Used and Shared
 - 1. Uses and disclosures with your consent
 - a. The basic uses and disclosures: For treatment, payment, and health care operations
 - b. Other uses and disclosures in health care
 - 2. Uses and disclosures that require your authorization
 - 3. Uses and disclosures that don't require your consent or authorization
 - a. To prevent a serious threat to health or safety
 - b. When required by law
 - c. For law enforcement purposes
 - d. For public health activities
 - e. For specific government functions
 - 4. Uses and disclosures where you have an opportunity to object
 - 5. An accounting of disclosures I have made
- E. Breaches
- F. Your Rights Concerning Your Health Information
- G. If You Have Questions or Problems

A. Introduction

This notice will tell you how your personal information will be handled. It tells how this information is used in my office, how it may be shared with other professionals and organizations, and how you can see it. This notice is supplied so that you can make the best decisions for yourself and your family. If you have questions or concerns about anything in this notice, you may raise them at any time.

B. Understanding Protected Health Information (PHI)

Each time you visit my office or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and/or mental health. This may include information about your past, present, or future health, as well as tests or assessments, diagnoses, treatment you received, and payment for health care. The information that is collected is called **Protected Health Information (PHI)**.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child, your school and work experiences, your relationships, and other personal history.
- Reasons you came for treatment: Your problems, concerns, symptoms, and needs.
- Diagnoses: Medical terms for your problems or symptoms.
- Treatment plan: A list of the treatments, techniques, and other services that I think will best help you.
- Progress notes: Notes describing what we talked about, as well as goals, strategies, observations, and insights.
- Psychological assessments, test scores, and other reports.
- Records I get from others who evaluated or treated you.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which were billed to you or to a third party.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records in my office, and you can ask me to add or correct information if you find something that is incorrect or missing. Although I can decline your request to amend your record, this would happen only in certain rare situations. If you want a copy of your records, I can give you either a summary of our work together or a copy of the records in full. You may be charged for the costs of copying and/or mailing these to you. In the rare event that I believe it would be harmful for you to see something that is in your records, I may temporarily remove this portion of your record. To view or obtain copies of records given to me by other health care providers, you will need to contact them directly.

C. Privacy and the Health Insurance Portability and Accountability Act (HIPAA)

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I am not obligated to tell you when I change this notice. However, I will post the new notice of privacy practices on my website at freedomC3.com and will give you a paper copy if you request it.

D. How Your Protected Health Information Can Be Used and Shared

The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. As a general rule, when I use your PHI in this office or disclose it to others, I share only the **minimum necessary**. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your consent

I will not disclose psychotherapy notes or other PHI without your written authorization, except as described in this notice. After you have read this notice, you will be asked to sign a separate consent form, which includes giving me permission to use and share your PHI in accordance with the guidelines of this notice. Your PHI may be used and shared as needed to provide treatment to you, arrange for payment for my services, and for some other business functions called "health care operations." In other words, I need information about you and your condition to provide care to you. In order for me to care for you properly, you must agree to let me collect the information, use it, and share it as necessary. Because the information is needed for your care, you must sign the consent form before I begin to treat you. If you do not consent, I will not treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological testing, treatment planning, or measuring the benefits of my services. I may share your PHI with others who provide treatment to you, such as your personal physician or psychiatrist. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them.

For payment. I may use your information to bill you or a third party so I can be paid for the services I provide to you. If you choose to file for reimbursement through your insurance company, they may require information from me in order to determine coverage or benefits. I

may have to tell them about when we met, your diagnoses, what treatments you have received, your progress, the changes expected in your condition, or other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond my care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments. If you have concerns about where or how I contact you, please let me know.

Treatment alternatives, other benefits and services. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you or to tell you about health-related benefits or services that may be of interest to you.

Research. I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign an authorization form.

Business associates. I may contract with other professionals or businesses to do some jobs for me. In the law, they are called my “business associates.” Examples include using a copy service to make copies of your health records or a billing service to figure out, print, and mail bills. If I employ these services, these business associates may need to receive some of your PHI to do their jobs properly. To protect your privacy, my contract with them will require them to safeguard your information, and they will only be given the minimum information necessary.

2. Uses and disclosures that require your authorization

If I use your information for purposes other than those described above, I need your permission on an authorization form. For example, you may want me to speak with a family member about

your treatment. If you change your mind, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

3. Uses and disclosures that do not require your consent or authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this:

a. To prevent a serious threat to health or safety: If I come to believe that there is a serious threat to your health or safety, or to that of another person or the public, I can disclose some of your PHI in an effort to prevent the danger.

b. When required by law: There are some federal, state, or local laws that require me to disclose PHI. I have to report suspected abuse of children, elderly, and disabled persons. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request so that we may consult your lawyer and/or try to get a court order to protect the information requested. Additionally, I may have to disclose information to the government agencies that check to see that I am obeying the privacy laws.

c. As required for law enforcement and/or public health and safety. If required, I may release PHI to a law enforcement official investigating a crime or criminal, a coroner or medical examiner, or to agencies that investigate diseases, injuries, or FDA-regulated products.

d. For specific government functions: I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons. I will only disclose information when required to do so or when you request it. If you have concerns about these or any other type of disclosures, please bring them to my attention.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family or close others. Under normal circumstances, I will only do this with your signed authorization. I will ask who you want me to

tell and what information you want me to share about your condition or treatment. I will honor your 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 believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will not share any further information, as long as it is not against the law for me not to.

5. An accounting of disclosures I have made

When I disclose your PHI, I may keep records of what I sent, when, and to whom. Upon request, you can get an accounting (a list) of many of these disclosures.

E. Breaches

A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; and unauthorized viewing of PHI by an employee in my practice. PHI is "unsecured" if it is not encrypted to government standards.

A use or disclosure of PHI that violates the Privacy Rule is presumed to be a breach unless I determine through risk assessment that there is a low probability that PHI has been compromised. If I become aware of or suspect a breach, as defined above, I will conduct a risk assessment that includes the following and keep a written record of that assessment:

- 1) The nature and extent of PHI involved. For example, does the breached PHI provide patient names, or other information enabling an unauthorized user to determine the patient's identity?
- 2) To whom the PHI may have been disclosed. This refers to the unauthorized person who used the PHI or to whom the disclosure was made. That person could be an outside thief or hacker, or a knowledgeable insider who inappropriately accessed patient records.
- 3) Whether the PHI was actually acquired or viewed, the determination of which will take into account to whom the information may have been disclosed.
- 4) The extent to which the risk to the PHI has been mitigated.

Unless I determine that there is a low probability that PHI has been compromised, I will give notice of the breach to any affected client within 60 days after discovery, and that notice will include a brief description of the breach (including dates), a description of types of unsecured

PHI involved, steps you should take to protect against potential harm, brief description of steps I have taken to investigate the incident, mitigate harm, and protect against further breaches, and my contact information. If I do not have all of the above information when I first need to send notice, I may provide a series of notices that fill in the information as it becomes available. I will provide this notice by first-class mail unless you have indicated that e-mail is the preferred mode of contact. Should a breach occur, I will also provide notice to the US Department of Health & Human Services (HHS). If a business associate was involved in the breach, they may conduct the risk assessment of breach of PHI in its control, but I will provide any required notice to you and HHS. Should a breach occur, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

F. Your Rights Concerning Your Health Information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home or on a cell phone rather than at work to schedule or cancel an appointment. I will do my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, although you may be charged for the costs of copying and/or mailing these.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and tell me the reasons you want to make the changes.

5. 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) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
6. You have the right to a copy of this notice. If I change this notice, I will post the new notice on my website at freedomC3.com. I will also give you a paper copy if you request one.
7. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint in my office and/or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I am willing to discuss these situations with you as they arise.

G. If You Have Questions or Problems

If you need more information or have questions about the privacy practices described above, please ask. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please bring it to my attention using the contact information below. As stated above, you have the right to file a complaint in my office and/or with the Secretary of the U.S. Department of Health and Human Services. Even if you file a complaint, I can continue to treat you if you desire, and I will not take action against you. If you have any problems or questions about this notice or my privacy policies, please contact me using the information below:

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The effective date of this notice is July 18, 2017.