

TRUE CHANGE Counseling  
Carrie Austin, MA, MA, LMFT

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.

State law and the Health Insurance Portability & Accountability Act of 1996 (HIPAA) require us to maintain the confidentiality of all your health-care records and other individually identifiable health information used by or disclosed to us in any form, whether electronically, on paper, or orally ("PHI or Protected Health Information). HIPAA is a federal law that gives you significant new rights to understand and control how your health information is used. HIPAA and state law provide penalties for covered entities and records owners, respectively, that misuse or improperly disclose PHI. I will use the information about your health which I get from you or from others mainly to provide you with **treatment**, to arrange **payment** for services, and for some other business activities which are called, in the law, health care **operations**.

Disclosure (send, share, release) of any of your Personal Health Information (PHI) for any other purposes will be discussed with you and you will be asked to sign an Authorization form to allow this. Under the law, I must have your signature on a written, dated Consent form and/or an Authorization form (not an Acknowledgement form) before we will use and disclose your PHI for certain purposes as detailed in the rules below.

Starting April 14, 2003, HIPAA requires us to provide you with the Notice of our legal duties and the privacy practices we are required to follow when you first come into our office for mental health-care services. If you have any questions about this Notice, you can ask to speak to Carrie Austin, as acting privacy officer,.

Business Associates (outside contractors I might hire), employees and other office personnel follow the policies and procedures set forth in this Notice.

**RULES ON HOW I MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

**Documentation** – You will be asked to sign a Consent / Authorization form when you receive this Notice of Privacy Practices. If you did not sign such a form or need a copy of the one you signed, please make me aware of this. You may take back or revoke your consent or authorization at any time (unless we already have acted based on it) by submitting my Revocation form in writing to us at our address listed above. Your revocation will take effect when I actually receive it. I cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent or Authorization prior to revocation (i.e. if after we provide services to you, you revoke your authorization or consent in order to prevent me billing or collecting for those services, your revocation will have no effect because I relied on your authorization or consent to provide services before you revoked it).

**General Rule** – If you do not sign our Consent form or if you revoke it, as a general rule (subject to exceptions described below under “Healthcare Treatment, Payment and Operations Rule” and “Special Rules”), I cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. By law, I am unable to submit claims to payers under assignment of benefits without your signature on my Consent form. I will not condition treatment on your signing an Authorization, but I may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the Consent or revoke it.

### **Health-care Treatment, Payment and Operations Rule**

With your signed consent, I may use or disclose your PHI in order:

- To provide you with or coordinate health-care treatment and services. For example, I may review your health history form to form a diagnosis and treatment plan, consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other health-care providers, schedule lab work for you, etc.
- To bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party. For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan or provide your x-rays because your health plan requires them for payment; or
- To run our office, assess the quality of care our patients receive and provide you with customer service. For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by telephone, mail or otherwise remind you of scheduled appointments, we may leave messages with whomever answers your telephone or email to contact us (but we will not give out detailed PHI), we may call you by name from the waiting room, we may ask you to put your name on a sign-in sheet, we may tell you about or recommend health-related products and complementary or alternative treatments that may interest you, we may review your PHI to evaluate our staff’s performance, or our privacy officer may review your records to assist you with complaints. If you prefer that we not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing at our address listed above and we will not use or disclose your PHI for these purposes.

### **Special Rules**

Notwithstanding anything else contained in this Notice, only in accordance with applicable law, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law

- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons
- When necessary for public health reasons (i.e. prevention or control of disease, injury or disability, reporting information such as adverse reactions to anesthesia, ineffective or dangerous medications or products, suspected abuse, neglect or exploitation of children, disabled adults or the elderly, or domestic violence)
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.)
- For judicial and administrative proceedings and law enforcement purposes (i.e. in response to a warrant, subpoena or court order, by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death)
- For workers' compensation purposes (i.e. I may disclose your PHI if you have claimed health benefits for a work-related injury or illness)
- For intelligence, counterintelligence or other national security purposes (i.e. Veterans Affairs, U.S. military command, other government authorities or foreign military authorities may require me to release PHI about you)
- For organ and tissue donation (i.e. if you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue procurement, donation and transplantation)
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (i.e. if the researcher will have access to your PHI because involved in your clinical care, I will ask you to sign an authorization)
- To create a collection of information that is "de-identified" (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you verbally give permission. We give you an opportunity to object and if you do not, I reasonably assume, based on my professional judgment and the surrounding circumstances, that you do not object (i.e. you bring someone with you into the operatory or exam room during treatment or into the conference area when we are discussing your PHI); I reasonably infer that it is in your best interest (i.e. to allow someone to pick up your records because they knew you were our patient and you asked them in writing with your signature to do so); or it is an emergency situation involving you or another person (i.e. your minor child or ward) and, respectively, you cannot consent to your care because you are incapable of doing so or you cannot consent to the other person's care because, after a reasonable attempt, I have been unable to locate you. In these emergency situations I may, based on our professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person, in which case I will disclose PHI, but only as it pertains to the care being provided and I will notify you of the disclosure as soon as possible after the care is completed.

### **Minimum Necessary Rule**

I will only as much of your PHI as is necessary to accomplish the recipient's lawful purposes. For example, I may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and anyone else you list on a Consent or Authorization to receive a copy of your records
- To health-care providers for treatment purposes (i.e. making diagnosis and treatment decisions or agreeing with prior recommendations in the medical record)
- To the U.S. Department of Health and Human Services (i.e. in connection with a HIPAA complaint)
- To others as required under federal or state law

In accordance with the law, I presume that requests for disclosure of PHI from another Covered Entity (as defined in HIPAA) are for the minimum necessary amount of PHI to accomplish the requestor's purpose. I will individually review unusual or non-recurring requests for PHI to determine the minimum necessary amount of PHI and disclose only that. For non-routine requests or disclosures, the Plan's Privacy Officer will make a minimum necessary determination based on, but not limited to, the following factors:

- The amount of information being disclosed
- The number of individuals or entities to whom the information is being disclosed
- The importance of the use or disclosure
- The likelihood of further disclosure
- Whether the same result could be achieved with de-identified information
- The technology available to protect confidentiality of the information
- The cost to implement administrative, technical and security procedures to protect confidentiality

If I believe that a request from others for disclosure of your entire medical record is unnecessary, I will ask the requestor to document why this is needed, retain that documentation and make it available to you upon request.

### **Incidental Disclosure Rule**

I will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when I use or disclose it (i.e. we require employees to talk softly when discussing PHI with you, I use computer passwords and change them periodically (i.e. when an employee leaves us), I allow access to areas where PHI is stored or filed only when I am present to supervise and prevent unauthorized access.

### **Business Associate Rule**

Business Associates and other third parties (if any) that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in my Business Associate agreement will allow my Business Associate to violate this re-disclosure prohibition.

### **Super-confidential Information Rule**

If I have PHI about you regarding HIV testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), I will not disclose it under the General or Health-care Treatment, Payment and Operations Rules (see above) without your first signing and properly completing my Consent form (i.e. you specifically must initial the type of super-confidential information I am allowed to

disclose). If you do not specifically authorize disclosure by initialing the super-confidential information, I will not disclose it unless authorized under the Special Rules (see above) (i.e. I am required by law to disclose it). If I disclose super-confidential information (either because you have initialed the consent form or the Special Rules authorize me to do so), I will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

### **Changes to Privacy Policies Rule**

I reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon making them. They will apply to all PHI I create or receive in the future, as well as to all PHI created or received by myself in the past (i.e. to PHI about you that I had before the changes took effect). If I make changes, I will post the changed Notice, along with its effective date, on my website. Also, upon request, you will be given a copy of my current Notice or you can find it on my website [www.truechangecounseling.com](http://www.truechangecounseling.com).

### **Authorization Rule**

I will not use or disclose your PHI for any purpose or to any person other than as stated in the rules above without your signature on a specifically worded, written Authorization form (not a Consent or an Acknowledgement). If I need your Authorization, I must obtain it in a specific Authorization form, which may be separate from any Consent or Acknowledgement I may have obtained from you. I will not condition treatment on whether you sign the Authorization (or not).

I will, of course, keep your mental health information private but there are times when the laws require me to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires me to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these that may apply, however, they do not occur very often. They are described in the longer version of the NPP that is available to you upon request or at my website [www.caustincounseling.com](http://www.caustincounseling.com).

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

1. **Right to Request Confidential Communication.** You can ask me to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. I will try my best to do as you ask.
2. **Right to Request Restrictions.** You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends.

3. **Right to Access to Inspect and Copy.** 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 but I may charge you a reasonable fee for this. You have the right to see and get a copy of your PHI including, but not limited to, medical and billing records by submitting a written request on my Request to Inspect, Copy, or Summarize form. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if I am present at all times. You may ask me to give you the copies in a format other than photocopies (and we will do so unless we determine that it is impracticable) or ask me to prepare a summary in lieu of the copies. I may charge you a fee not to exceed state law to recover my costs (including postage, supplies, and staff time as applicable, but excluding time for search and retrieval) to duplicate or summarize your PHI. I will not condition release of the copies or summary on payment of your outstanding balance for professional services (if you have one), but I may condition release of the copies or summary on payment of the copying fees. I will respond to requests in a timely manner, without delay for legal review, in less than 15 days if submitted in writing on our form or otherwise, and in ten business days or less if malpractice litigation or pre-suit production is involved. I may deny your request in certain limited circumstances (i.e. I do not have the PHI, it came from a confidential source, etc). If I deny your request, you may ask for a review of that decision. If required by law, I will select a licensed mental health-care professional to review the denial and I will follow his or her decision. If I select a licensed mental health-care professional who is not affiliated with myself, I will ensure a Business Associate agreement is executed that prevents re-disclosure of your PHI without your consent by the outside professional.
4. **Right to Amend.** If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information, although I am not required to agree to the amendment. You have to make this request in writing and tell me the reasons you want to make the changes.
5. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you reasonable fees if you request more than one accounting in any 12 month period.
6. **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
7. **Right to file a complaint.** If you believe your privacy rights have been violated. You can file a complaint with the Texas State Board of examiners of Marriage and Family Therapists at 1-800-942-5540 or Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369. All complaints should be in writing.

**Inactive Patient Records**

I will retain your records for seven years from your last treatment, at which point you will become an inactive patient in our practice and we may destroy your records at that time (but records of inactive minor patients will not be destroyed until 5 years after the child's eighteenth birthday). We will do so only in accordance with the law (i.e. in a confidential manner, with a Business Associate agreement prohibiting re-disclosure if necessary).

If you have any questions regarding this notice or our health information privacy policies, please contact Carrie Austin at 512-870-8331.

*The effective date of this notice is October 5, 2013.*