

# Katy Child Psychology Associates

21384 Provincial Blvd. Katy, TX 77494 / Ph: 281-829-1599 / www.katychildpsychology.com

## Notice of Privacy Practices

In accordance with the Health Insurance Portability & Accountability act (HIPAA), this notice describes how health information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

### ***Uses and Disclosures for Treatment, Payment, & Health Care Operations***

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

Clarification of terms:

- *PHI* refers to information in your health record that could identify you.
- *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. An example of payment is 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.

### ***Uses & Disclosures Requiring Authorization***

I may use or disclose PHI for purposes outside of treatment, payment, and 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 and 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 have made about treatment, and these notes are given a greater degree of protection than PHI. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require client authorization.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. After that time, I will not use or disclose your information. However, I cannot rescind information previously disclosed with your permission. You may not revoke an authorization if it was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy. If you no longer desire that I provide the insurance company/managed care company with any information, you will be responsible for payment of all fees.

Other uses and disclosures not described in the Privacy Notices will be made only with authorization from the individual.

### ***Uses & Disclosures Not Requiring Authorization***

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency. If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding & a request is made for information about your diagnosis, treatment, and/or therapeutic records, such information is privileged under state law, I will not release information without written authorization from you, your personal or legally appointed representative, or a court order. If I receive a subpoena, discovery request, or other lawful process for information, PHI may have to be released. This would occur only after attempts to contact you about the request. If a complaint is filed against me with the Texas State Board of Examiners of Professional Counselors, they have the authority to subpoena confidential mental health information from me relevant to that complaint.

- **Serious Threat to Health or Safety:** If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Specific Government Functions:** PHI of military personnel and veterans may be disclosed to government benefit programs relating eligibility and enrollment. PHI may also be disclosed to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for nation security reasons.

### ***Client Rights & Therapist's Duties***

#### Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – 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. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of your records. Access to your PHI may be limited or denied under certain circumstances, but in most cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request in writing an amendment of PHI for as long as the PHI is maintained in the record. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, an explanation stating why will be provided to you. If your request is approved, I will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to Restrict Information to Insurance Companies* – You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.
- *Right to be Notified* – Affected patients have the right to be notified following a breach of unsecured protected health information
- *Right to a Paper Copy* – 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.

#### 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, a new notice will be posted in the office, or you may obtain any new notice by telephone or written request.

### ***Questions & Complaints***

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact this office by telephone or letter.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

### ***Effective Date, Restrictions, & Changes to Privacy Policy***

This notice will go into effect on May 1, 2012.

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 posting the change in the office or on my website. You may also obtain any new notice by contacting this office by telephone or written request.

You may contact us at: Katy Child Psychology  
21384 Provincial Blvd. Katy, TX 77494

Ph: 281-829-1599

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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

In the Notice of Privacy Practices, you are provided with information about how your child's personal and health information can be used or disclosed. As described in the Notice of Privacy Practices, we request your consent for use or disclosure of mental health and medical information to carry out treatment, payment, or health care operations. You have a right to review the Notice of Privacy Practices before signing this Consent form.

By signing this Consent form, you acknowledge that a copy of the Notice of Privacy Practices has been provided to you.

You have the right to revoke this Consent in writing any time, except where we have already used or disclosed your health information in compliance with this Consent.

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Printed Name of **Child/Patient**

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Signature of **Parent/Guardian**

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Date

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Relationship to Child/Patient