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. If you have any questions about this Notice, please contact your provider at (254) 710-7677.

This notice of Privacy Practices describes how the provider may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, which may identify you and that is related to your past, present or future physical or mental health or condition and related health care services. The provider is required to abide by the terms of the Notice of Privacy Practices. The terms of this notice may be changed at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request, you will be provided with a revised Notice of Privacy Practices by calling (254) 710-7677 and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next visit.

Uses and Disclosure of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form (Consent and Acknowledgement of Receipt of Privacy Notice). Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your protected health information will be used or disclosed as described in this Section. Your protected health information may be used by the provider and others that are involved in your treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment of your health care bills and to support the operation of this practice.

Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but are meant to describe the types of uses and disclosures that may be made by the provider once you have provided consent.

Treatment: The provider will use and disclose your protected health information to provide, coordinate or manage your psychological or other mental health services and any related services. This includes the coordination or management of your services with a third party that has already obtained your permission to have access to your protected health information. For example, there may be disclosure of protected health information to physicians who may be treating you to ensure that the physician has the necessary information to diagnose or treat you.

In addition, there may be disclosure of your protected psychological or other mental health
services information from time-to-time to another health care provider (e.g., a physician, specialist or laboratory) who becomes involved in your care.

Payment: Your protected health information may be used, as needed, to obtain payment for your psychological or other mental health services.

Healthcare Operations: Your protected health information may be disclosed in order to support the business activities of the provider. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities.

You may revoke your authorization at any time, in writing, except to the extent that the provider has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

The provider may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, your provider, using professional judgment, will determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, the provider may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, the provider may disclose such information as necessary if he or she determines that it is in your best interest based on professional judgment. The provider may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: The provider may use or disclose your protected health information in an emergency treatment situation. If this happens, the provider shall try to obtain your consent as soon as is reasonably practicable after the delivery of treatment.

Communication Barriers: The provider may use or disclose your protected health information if he or she attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider, using professional judgment, determines that you intend to consent to use or disclose under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

The provider may use or disclose your protected health information in the following situations without your consent or authorization.
**Required By Law:** The provider may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** The provider may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The provider may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight:** The provider may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other governmental regulatory programs and civil rights entities.

**Abuse or Neglect:** The provider may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, the provider may disclose your protected health information if it is believed that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws. Other exceptions to confidentiality include the following:

1. If you are evaluated to be a danger to self/others.
2. If you are a minor, are elderly, or are disabled and the provider believes you are a victim of abuse or neglect.
3. If you divulge information about such abuse.
4. If the provider has reason to believe a child was prenatally exposed to potentially addictive or harmful drug(s) or controlled substance(s).
5. If the provider has reason to believe a health care professional has engaged in professional misconduct.

**Food and Drug Administration:** The provider may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**Legal Proceedings:** The provider may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal to the extent such disclosure is expressly legally authorized. Disclosure may also be made, in certain situations, in response to a subpoena, a discovery request, or other lawful processes. Examples include, but are not limited to:
1. If your provider was appointed by the court to evaluate you.
2. If you file suit against the provider for breach of duty.
3. If a court order or other legal proceedings or statute requires disclosure of information.
4. If you introduce your mental condition as a defense in a legal proceeding.
5. If, in child custody or adoptions cases, the judge determines that the provider has information bearing significantly on your ability to provide suitable care or custody and this information bears significantly on the welfare of the child.
6. If you initiate legal action against the provider and client information is necessary or relevant to the provider’s defense.

**Law Enforcement:** The provider may also disclose your protected health information, so long as applicable requirements are met, for law enforcement purposes. These law enforcement purposes include:

1. Legal processes and other proceedings where disclosure is required by law.
2. Limited information requests for identification and location purposes.
3. Situations pertaining to victims of a crime.
4. Situations where there is suspicion that death has occurred as a result of criminal conduct.
5. In the event that a crime occurs on the premises of the provider’s practice.
6. Medical emergencies where it is likely that a crime has occurred.

**Criminal Activity:** Consistent with applicable federal and state laws, the provider may disclose your protected health information if he or she believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The provider may also disclose protected health information if it is necessary for the law enforcement authorities to identify or apprehend an individual.

**Workers’ Compensation:** Your protected health information may be disclosed as authorized to comply with workers’ compensation laws and other similar legally established programs.

**Inmates:** The provider may use or disclose your protected health information if you are an inmate of a correctional facility and the provider created or received your protected health information in the course of providing care to you.

**Required Use and Disclosures:** Under the law, the provider must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the requirements of Section 164.500 et. Seq.

**Danger to Self or Others:** The provider may disclose protected health information if you are evaluated to be a danger to self or others.

**Electronic Communications:** Information contained in communications via mechanisms/devices such as e-mail and telephone conversations may be subject to limited security/control.
Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information
This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as this is maintained by the provider. A “designated record set” contains psychological or other mental health services records and any other records that the provider uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records:

1. Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
2. Protected health information that is subject to law that prohibits access to this information.

Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact the provider if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information
This means you may ask the provider not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

The provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the provider does agree to the requested restriction, disclosure may not be made in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction in writing.

You have the right to request to receive confidential communications by alternative means or at an alternative location.
The provider will accommodate reasonable requests. The provider may also place conditions on this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other methods of contact. The provider will not request an explanation from you as to the basis for the request. Please make this request in writing.

You may have the right to have the provider amend your protected health information.
This means you may request an amendment of protected health information about you in a designated record set for as long as this information is maintained. In certain cases, the provider may deny your request for an amendment. If your request for an amendment is denied, you have
the right to file a statement of disagreement with the provider and the provider may prepare a rebuttal to your statement. The provider will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures made, if any, of your protected health information
This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice of Privacy Practices. It excludes disclosures made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Complaints: If you believe that the provider has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(800) 368-1019 (toll free)

You may also contact:

Office of Attorney General
P.O. Box 12548
Austin, Texas  78711
(800) 463-2100 (toll free)
www.oag.state.tx.us

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney’s Office for the judicial district in which the violation occurred. To locate this office, consult your telephone book.

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.