

## TEXAS NOTICE FORM (HIPAA)

### Notice of Mental Healthcare Provider's Policies and Practices To Protect the Privacy of Your Health Information

This notice describes how mental healthcare information about you may be used and disclosed and how you can obtain access to this information should you need to. PLEASE REVIEW IT CAREFULLY.

#### **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on 1/1/2025.

#### **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

#### **MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

#### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

I may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to Protected Health Information: 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, your psychiatrist, or another therapist with whom you have been in treatment.
- "Payment" is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI on a superbill for you to obtain reimbursement for your mental health care or to determine eligibility for potential 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.

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

**Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **USES AND DISCLOSURES REQUIRING AUTHORIZATION**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations **only** when your appropriate authorization is obtained.

- An "authorization" is written permission above and beyond the general consent that permits only specific disclosures to designated entities/individuals. 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.

**Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

**Marketing and Education Purposes.** I will not use or disclose your PHI for marketing or education purposes without your prior written consent. For example, if I desire to include a direct reference to our work together (i.e., an observation of progress, a piece of feedback, an insight or response of yours that may disclose something personal or identifying about you as a patient/client) in a book, workbook, podcast, training video, or other publication, I will consult with you first and will obtain your written consent before proceeding. I may include indirect, vague, and de-identified references to my work with clients as a natural part of speaking about my work.

**Sale of PHI.** I will not sell your PHI.

### REVOCACTION OF AUTHORIZATION

You may revoke any or all authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that

1. I have relied on that authorization, or
2. if the authorization was obtained as a condition of obtaining insurance coverage/reimbursement, and the law provides the insurer the right to contest the claim under the policy.

You may revoke a previous consent or authorization at any time by submitting a written request to me via the email address I keep on file or via certified mail to my mailing address.

### USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

- **Child 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.
- **Adult and Domestic Abuse:** 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.
- **Health Oversight:** 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.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records therefore, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. (The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.)
- **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 a medical or law enforcement personnel or a family member who can help maintain your safety.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

### PATIENT'S RIGHTS AND MY DUTIES

- **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 information to another address.)
- **Right to Inspect and Copy:** The laws and standards of my profession require that I keep your PHI in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your record if you request it in writing. You should be aware that pursuant to Texas law, psychological testing data are not part of a patient's record. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in your evaluator's presence, with me, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of 10 cents per page (and for certain other expenses). I will use my clinical judgement and will consider my profession's ethical obligations before releasing your records or portions of your records to you. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request. I am open to continued discussion about your records and what is kept in your records, including what are considered "progress" and "process" therapy notes.

- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **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 a Paper Copy:** You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

**My 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, I will provide you a revised copy at your next visit or it can be found on my website.

**QUESTIONS AND 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, please discuss these concerns with me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services and/or the Texas State Board of Examiners of Professional Counselors, the state board that licenses and regulates Licensed Professional Counselors in Texas. I can provide you with the appropriate address upon request.

**RESTRICTIONS AND CHANGES TO PRIVACY POLICY**

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. The revisited notice will be available upon request, in my office and on my website.

**Your signature below acknowledges that you have read the above information, have asked for clarification about anything that you do not understand, and can access a copy of this information.**

\_\_\_\_\_  
Printed name of Patient Date of Birth

\_\_\_\_\_  
Signature of Adult Date

Relationship to Patient (if not self) \_\_\_\_\_