

HIPAA (Health Insurance Portability and Accountability Act) Privacy Notice

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.

When you receive treatment or counseling services from the group practice she will obtain and/or create “protected health information” (PHI) about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care/counseling provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about my duty to protect your PHI, your privacy rights, and how I may use or disclose your health information. In summary, your PHI will not be disclosed, except as permitted or required under federal law (42 CFR & 45 CFR), state law (Chapter 611 - Health and Safety Code), or as authorized **in writing** by you and/or your guardian, if applicable.

Counselor’s/Therapist’s Duties:

The law requires me to protect the privacy of your PHI. This means that I will not disclose any health information without your written authorization, except in the ways outlined in this notice. This protection applies to all health information I have about you, no matter when or where you received or sought services. I will not tell anyone if you sought, are receiving, or have ever received services from me, unless the law allows us to disclose that information.

I will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when I am allowed to use or disclose your health information without your permission, as explained in this notice. If you give me your permission to use or disclose your health information, you may revoke it at any time. If you revoke your permission, I will not be liable for using or disclosing your health information before I knew you revoked your permission. To revoke your authorization, submit a written statement, signed by you, to your therapist.

I am required to give you this notice of my legal duties and privacy practices, and I must do what this notice says. I will ask you to sign an acknowledgement that you have received this notice. I can change the contents of this notice and, if I do, I will have copies of the new notice at my office. The new notice will apply to all health information I have, no matter when I obtained or created the information.

CLIENT COPY

Authentic Balance Counseling, PLLC may use and disclose PHI about you with your consent in the following circumstances:

Treatment.

The group practice may use and disclose your PHI to provide, coordinate, or manage your health care and related services, including the disclosure of your PHI to health care providers outside of regular counselor. For example, I may use and disclose your PHI when referring you to another health care provider. I also may disclose your PHI to individuals who may be involved in your care after you terminate from the group practice.

Payment.

The group practice may use and disclose your PHI to bill and collect payment for the services provided to you. For example, Authentic Balance Counseling, PLLC and its Associates may share your PHI with your health plan(s) in order to request coverage and obtain payment approval prior to providing services to you (in non-emergency situations). The group practice may send a bill to you or to a third-party payee, and this bill may include PHI such as your diagnosis and treatment services received. The group practice may share portions of your PHI, as necessary, with billing departments, insurance companies, collection agencies, and other health care providers.

Health Care Operations.

The group practice may use and disclose PHI to perform business activities – i.e., “health care operations.” This includes but is not limited to:

- Activities to improve health care, evaluating programs, and developing procedures;
- Reviewing the competence, qualifications, performance of health care professionals and others;
- Business office functions, such as billing, aggregate data gathering, or other functions that assist counseling staff in managing administrative case duties;
- Conducting training programs;
- Resolving internal grievances;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing professional review, legal services, or auditing functions; billing, referrals, and
- Engaging in business planning and management or general administration.

Minimum Necessary Standard.

When using or disclosing your PHI or when requesting your PHI from another covered entity, the group practice will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to an authorization signed by you and/or your guardian (when applicable);
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; or
- Uses or disclosures that are required for the group practice's compliance with legal regulations.

Substance Abuse Services.

If you receive substance abuse counseling from Authentic Balance Counseling, PLLC and its associates, you have the highest level of privacy protection allowable by federal law (CFR 42). This law generally requires that a provider cannot disclose PHI that would identify you as a substance abuser or a patient of substance abuse counseling without your written consent. There are some exceptions to this requirement. The group practice may use or disclose PHI that would identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- As required by a court order;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To comply with state law mandating the reporting of suspected child or elder abuse or neglect;
- To communicate with law enforcement personnel about a crime or threatened crime on the premises of the offices of Authentic Balance Counseling, PLLC and its associates or against Authentic Balance Counseling, PLLC and its associates or other therapists practicing on the premises.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

Communicable Diseases.

Authentic Balance Counseling, PLLC and its associates will not disclose information about you related to testing for Human Immunodeficiency Virus (HIV) without your specific written permission, unless the law requires me to disclose the information.

If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), your provider will treat PHI about your disease as confidential and will disclose such PHI without your written consent only in limited circumstances as permitted or required by law.

The group practice will **not** use or disclose your health information without your consent or authorization, except as described in this notice or as otherwise required by law.

In general, your provider is required by law to obtain your written consent or authorization prior to using or disclosing your PHI that does not identify you as a substance abuser or a patient of substance abuse services. However, there are exceptions to this requirement, as described below:

Treatment.

As counselor your PHI may also be released to the health care professional who referred you to Authentic Balance Counseling, PLLC and its associates. A provider associated with Authentic Balance Counseling, PLLC and its associates may disclose your PHI, as necessary, to a physician or health care provider who provides you with emergency medical and law enforcement services.

Other Permitted Uses and Disclosures.

In addition, the group practice may use or disclose PHI that does not identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- To address a serious threat to health or safety, Authentic Balance Counseling, PLLC and its Associates or any practice employee, may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm or death;
- In judicial and administrative proceedings. The group practice may also disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it.
- To report known or suspected child and/or elder abuse or neglect;
- For purposes of filing a petition for involuntary commitment or a petition for an adjudication of incompetency and the appointment of a guardian;
- To Authentic Balance Counseling, PLLC and its associates practice legal counsel, if such information is relevant to litigation, to the operations of the practice, or to the provision of services provided by Authentic Balance Counseling, PLLC and its associates

Your Privacy Rights at the practice of Authentic Balance Counseling, PLLC and its Associates:

Although your health records are the physical property of the group practice you have certain rights with regard to the information contained therein.

1. You have the right to inspect and copy your PHI upon the submission of a written request. Again, this right is not absolute and in certain situations, Authentic Balance Counseling, PLLC and its associates can deny access – for example, if a licensed health care professional believes that access to such information could cause harm to your physical or mental well-being. Your provider will charge a reasonable fee for making copies of the requested PHI. This fee must be paid before copies are released.
2. If your provider denies you access to your PHI, she will explain why and what your rights are, including how to seek review. If your provider grants access to your PHI, she will give you instructions on any additional steps, if needed, for you to have access to the information. Your provider will charge a reasonable fee for making copies of the requested PHI.
3. You have the right to request in writing amendment of your PHI.

Your provider may deny your request if:

- This practice did not create the record, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment.
- The records are not available for your access, as discussed above.
- The record is accurate and complete.
- The PHI that is the subject of your request is not maintained by or for Authentic Balance Counseling, PLLC and its associates.

If your provider denies your request for amendment, she we will notify you why and how you can submit a written statement disagreeing with the denial (which may be rebutted by your provider and how you can complain to the licensing authority about the denial.

If your provider grants the request, she will make the correction and distribute the correction to those who need it and those you identify to her (**in writing**) that you want to receive the corrected information.

1. You have the right to request how and where your provider contacts you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be **in writing**. Your provider is required to accommodate all reasonable requests.

2. You have the right to obtain an accounting of certain disclosures by your provider of your PHI during the six years prior to the date of your request. However, your provider is **not required** to provide an accounting for:
 - Disclosures to persons involved in the individual's care or disclosures for other notification purposes as provided in § 164.510 of the HIPAA Privacy Rules (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).
 - National security or intelligence purposes under § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).
 - Correctional institutions or law enforcement officials under § 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
 - Disclosures of PHI made prior to the compliance date, April 14, 2003.
 - Disclosures of PHI made to carry out treatment, payment or health care operations;
 - Disclosures of PHI made to you about your own PHI;
 - Disclosures of PHI incidental to a permissible disclosure;
 - Disclosures of PHI made pursuant to your written authorization.

Your provider must respond to the request for accounting within 60-days of the request by providing the accounting or by granting itself a one-time 30-day extension in which to provide the accounting. The accounting will include:

- Date of each disclosure
- Name and address, if known, of the organization or person who received the protected health information
- Brief description of the information disclosed
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written request for disclosure, where permitted by law.

The group practice reserves the right to charge reasonable retrieval and copying fees.

1. You have the right to obtain a paper copy of this notice at any time by contacting your provider. Your provider will provide a copy of this notice no later than the date you first receive services from her, except in emergency situations, and then your therapist will provide the notice to you as soon as reasonably practicable after the emergency treatment situation.
2. You have the right to revoke your consent or authorization to use or disclose health information in accordance with the instructions on the consent or authorization form, except to the extent that we have already acted in reliance on the consent or authorization.

COMPLAINT PROCESS:

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

Texas Behavioral Health Executive Council
1801 Congress Avenue, Ste. 7300 | Austin, Texas 78701
(512) 305-7700
800-821-3205 24-hour, toll-free complaint system

OR

US Dept of Health and Human Services
800-368-1019
200 Independence Avenues, SW
Washington D.C. 20201

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. Your complaint will include your name and complaint details.

Further information:

If you have questions, you may contact Authentic Balance Counseling, PLLC and its associates at (469) 946-8255 during normal business hours.