

Notice of Privacy Practices HIPAA (Health Insurance Portability and Accountability Act)



CLIENT COPY

THIS NOTICE DESCRIBES HOW MEDICAL AND TREATMENT INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THEIR INFORMATION. PLEASE REVIEW THIS CAREFULLY.

We respect client confidentiality and only release confidential information about clients in accordance with state (chapter 61, Health and Safety Code) and federal law (42CFR &45CFR).

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide client care, there are times when we will need to share confidential information with others beyond our office. This includes for:

Treatment. We may use or disclose treatment information about clients to provide, coordinate, or manage care or any related services, including sharing information with others outside our office that we are consulting with or referring the client to.

Payment. If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting the client's guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare Operations. We may use information about the client to coordinate our business activities. This may include setting up appointments, reviewing treatment care, training staff, and/or accreditation surveys.

Right to Restrict Disclosure of Certain Protected Health Information. You have the right to request a restriction on disclosures of your protected health information (PHI) if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); and (2) the PHI relates to a health care item or service for which the provider has already been paid by you in full.

Right to Accounting of Electronic Health Records. If a covered entity maintains an electronic health record about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

Information Disclosed Without Client Consent. Under state and federal law, information about clients may be disclosed without client consent in the following

Notice of Privacy Practices

HIPAA (Health Insurance Portability and Accountability Act)

circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency the client is facing.

Follow-Up Appointment/Care. We may be contacting the client to remind him/her of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to the client. We will leave appointment information on the client's answering machine unless instructed otherwise.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and/or neglect such as child abuse or elder abuse.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe someone is in imminent danger.

CLIENT RIGHTS

Clients have the following rights under state and federal law:

Copy of Record. Clients are entitled to inspect their records produced by Tammy Blodgett, LPC. We may charge clients a reasonable fee for copying and mailing the record to them or for reviewing the record in person with the attending counselor.

Release of Records. Clients may consent in writing to release of their records to others, for any purpose they choose. This could include an attorney, employer, or others who the client wishes to have knowledge of his/her care. Clients may revoke this consent at any time, but only to the extent no action has been taken in reliance on their prior authorization. We may charge the client or the requestor a reasonable fee for copying and mailing their record.

Restriction on Record. The client may ask us not to use or disclose part of the clinical information. This request must be in writing. Tammy Blodgett, LPC is not required to agree to this request if we believe it is in the client's best interest to permit use and disclosure of the information. This request should be given to Tammy Blodgett, LPC.

Contacting the Client. The client may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information provided is correct.

Amending Record. If the client believes something in their record is incorrect or incomplete, they may request it be amended by contacting Tammy Blodgett, LPC. In certain cases, we may deny the

Notice of Privacy Practices

HIPAA (Health Insurance Portability and Accountability Act)

request. If we deny the request for an amendment, the client has a right to file a statement disagreeing with us. We will then file our response. The client's statement and our response will be added to the client's record.

Accounting for Disclosures. Clients may request an accounting of any disclosures we have made related to their confidential information, except for information we used for treatment, payment, or health care operations purposes; information that we shared with the client or their family; or information that the client gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, a written request should be made to the Tammy Blodgett, LPC. We will notify the client of the cost involved in preparing this list.

Notification of Breach. Clients have a right to be notified if there is a breach of their unsecured protected health information. This would include information that could lead to identity theft. The client will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that the protected information may be compromised.

Questions and Complaints. If clients have any questions, wish a copy of this Policy, or have any complaints, this should be sent in writing to Tammy Blodgett, LPC. Clients also may complain to the Secretary of the U.S. Department of Health and Human Services if they believe Tammy Blodgett, LPC has violated their privacy rights. We will not retaliate against a client for filing a complaint.

If the client has a complaint about the services provided, he/she may file a grievance by doing the following: Discuss the issue with the treating therapist.

Filing of Complaints against HIPAA-covered entities believed to be non-compliant with HIPAA Privacy Rule Complaints must be written to the Secretary of Health and Human Services if they have occurred on or after April 14, 2003, and meet the following requirements:

- Be filed in writing, either on paper or electronically;
- Name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements;
- Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown;

Electronic complaints should be sent to OCRComplaint@hhs.gov. Mailed complaints must be addressed to the OCR regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located. The list below provides the appropriate addresses for filing complaints:

Texas Department of State Health Services 800-832-9623
1100 West 49th St.
Austin, TX 78756

OR

United States Department of Health and Human Services 800-368-1019
200 Independence Avenues, SW Washington D.C. 20201

Notice of Privacy Practices HIPAA (Health Insurance Portability and Accountability Act)

For additional information on filing a complaint or to use the Health Information Privacy Complaint Package, visit the Human Health Services web page at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Changes in Policy. Tammy Blodgett, LPC reserves the right to change its Privacy Policy based on the needs of the office and changes in state and federal law.

Acknowledgement of Receipt

By my signature, I acknowledge receiving a full copy of Tammy Blodgett, LPC's Privacy Policy. This policy outlines the duties of Tammy Blodgett, LPC who is providing counseling services. In addition to my rights regarding the privacy of all Protected Health Information as required by HIPAA (Health Insurance Portability and Accountability Act).

Client Signature

Date

Therapist Signature

Date