

Office of De Sellers, LPC

NOTICE OF PRIVACY PRACTICES

As mandated by Health Insurance Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES YOURS RIGHTS AND OBLIGATIONS REGARDING THE USE, DISCLOSURE AND ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: This notice takes effect on September 23, 2013 and stays in effect until replaced by another notice.

This notice is required by HIPAA (the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d, et seq., and regulations adopted under that act).

The law requires **De Sellers, LPC (Therapist)** to take reasonable steps to protect the privacy and security of your health information (PHI). It also requires Therapist to give you this notice, which describes Therapist's legal duties and privacy practices. In most situations, Therapist can't use or disclose PHI that identifies you without your written authorization, except to carry out treatment, payment for your healthcare or Therapists healthcare operations, or as Required By Law (as defined by HIPAA), as described below. This notice explains under what circumstances Therapist can use or share health information that identifies you without your permission.

If you should have questions about this notice, please contact **Therapist: De Sellers, LPC, at (512) 499-8994 or email: dsellers@austin.rr.com.**

WHO WILL FOLLOW THIS NOTICE: **De Sellers, LPC (Therapist)** and Therapist's workforce and Office Operations Staff/Personnel and contractors (Collectively referred to as "Therapist" or "we" hereinafter).

We understand that Protected Health Information (PHI) about you and your health is personal and protected by state and federal law; we are committed to protecting your PHI. ("you" or "yours" means the individual seeking services, and the individual's legally authorized representative, if any.) Each time you visit a Therapist, a record of the care and services You receive is made. This record could contain any/all of the following PHI about you: your name, social security number, medical record number, insurance group information, employer, your symptoms, diagnosis, therapy notes, treatment, plan for future care or treatment, and a billing record. For example, this record could be used or disclosed in order to serve as a:

- Basis for planning your care and treatment, for payment for services, as well as a tool for assessing and continually working to improve the care rendered.
- Means of communication among the health care providers who contribute to Your care.
- Means by which you or a third-party payer can verify the services billed were actually provided.
- Source of information required to be provided to public health officials.
- For the Healthcare operations of De Sellers, LPC, such as quality assurance.

THIS NOTICE APPLIES TO ALL INFORMATION AND RECORDS OF YOUR CARE GENERATED BY YOUR THERAPIST ABOUT YOU.

OUR RESPONSIBILITIES:

The Therapist shall:

- Comply with state and federal HIPAA regulations applicable to your PHI to protect the privacy and security of your PHI.
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you if there is a breach of your PHI to unauthorized persons or for purposes not authorized by you or De Sellers, LPC.
- Abide by the terms of this notice.
- Accommodate your requests to disclose your PHI or notify you if we are unable to agree to a request.

THE METHODS IN WHICH WE MAY USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION:

The following categories describe different ways Therapist may use and/pr disclose your PHI.

The examples provided serve only as guidance and do not include every possible use or disclose.

All such disclosures will be made in accordance with federal and state requirements and regulations.

- **Treatment:** We will use and disclose PHI to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for treatment purposes.
- **Payment:** We will use and disclose PHI so that the treatment and services you receive may be billed and payment may be collected from you or a third party. For example we may provide information to your health insurance company in order to health insurance claims or if questions arise about the treatment you receive.
- **Health Care Operations:** We may use and disclose PHI for business office operations. These uses and disclosures are necessary to run our therapy office in an efficient manner and ensure careful evaluation of health care services, as well as the appropriateness and quality of health care treatment.
- **Appointment Reminders:** We may use and disclose PHI in order to remind you of an appointment. For example, your Therapist or any of the office staff may send you an email or text reminder regarding an upcoming appointment. This is an option way we may communicate with you and you may opt-out of communications via text, instant message or email.
- **Research:** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing treatment of various patients who receive treatment for the same or similar conditions. All research projects, however, are subject to a special independent approval process. Prior to using or disclosing any information which individually identifies you, we will ask for your specific written permission.
- **Qualified Personnel:** We may disclose PHI for management audit, financial audit, or program evaluation, but the personnel may not directly identify you in any report of the research, audit, or evaluation.
- **As Required by Law:** We will disclose PHI about you when required to do so by federal or state laws, regulations, or legal subpoenas. For example, if you are involved in certain lawsuits or administrative disputes, we may disclose PHI in response to a valid court or administrative order. We may also disclose PHI if asked or required to do so by law enforcement officials in response to a valid court order, subpoena or certain emergency situations.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility of compliance, and to enforce health-related civil rights and criminal laws.
- **To Avert a Serious Threat to Health or Safety:** We are required to disclose PHI to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of others. For example, we may disclose PHI if your Therapist determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Victims of Abuse, Neglect or Domestic Violence:** If Therapist believes you are the victim or perpetrator of abuse, neglect, or domestic violence, the agency might share health information about you with a government agency that gets reports of abuse, neglect, or domestic violence if:
 - You agree to the disclosure.
 - A law requires the disclosure.
 - A law requires or permits disclosure and the disclosure is needed to prevent serious harm to you or someone else, or you are unable to agree or disagree, the information is needed for immediate action, and the information won't be used against you.
 - If Therapist makes a report under this section, Therapist will tell you or your representative about the report unless it believes that telling you would place you at risk of harm or you are a suspected perpetrator.

- Military and Veterans: We may be required to disclose PHI regarding any member of the armed forces to military command authorities.
- Workers' Compensation: We may disclose PHI for workers' compensation or similar programs to provide benefits for work-related injuries or illnesses.
- Inmates: We may be required to release PHI about an inmate of a correctional facility to the facility in order for the inmate to receive treatment.
- Sale, Marketing and Fundraising. We will not use PHI that identifies you in order to sell PHI or engage in marketing or fundraising. If we did, we would be required to obtain your written permission in advance.
- Genetics. Therapist will never use or disclose genetic information for underwriting purposes.
- Employees. Therapist's workforce are trained and required to protect the privacy and security of your PHI. Therapist doesn't give employees access to health information unless they need it for a business reason, for example: scheduling services, obtaining payment for services, for business healthcare operations, or as Required by Law. Therapist is required to will punish workforce who don't protect the privacy of your PHI.
- Family Members: Therapist is authorized to share PHI about you to a family member, other relative, guardian, legal authorized representative, or close personal friend:
 - When directly relevant to such person's involvement with your health care or payment related to your health care.
 - To notify the person of your location, general condition, or death, *and*
 - With your agreement, if you are capable, *unless* you are unable or in an emergency.
 Your family means: Your dependents or any other person who is your first-degree, second-degree, third-degree, or fourth-degree relative, such as your:
 - Parents, spouses, siblings, and children.
 - Grandparents, grandchildren, aunts, uncles, nephews, and nieces.
 - Great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins.
 - Great-great grandparents, great-great grandchildren, and children of first cousins.

Therapist can make reasonable inferences of your best interest in allowing a person to act on your behalf such as schedule or attend appointments.

- Compound and Conditioned Authorizations. Therapist won't combine authorizations for use or disclosure of your PHI with any other document to create a compound authorization, except for certain research or certain joint psychotherapy note authorizations. Therapist won't condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except in research situations. An individual can cancel an authorization provided by giving written notice to Therapist.
- De-identified Information. Therapist may create, use or disclose information that is de-identified (doesn't identify you).
- Current Notice. Therapist is required to comply with the terms of the notice currently in effect.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:

You have the following rights regarding PHI collected and maintained about you:

- Right to Adequate Notice: You have the right to adequate notice about the uses and disclosures of PHI that can be made by Therapist, your rights related to your PHI, Therapist's legal duties with respect to PHI, with some legal exceptions, and the right to be notified of a breach of your PHI by Therapist.
- Right to Inspect and Copy: You have the right to inspect and copy certain PHI that may be used to make decisions about your care. Usually, this includes medical and billing records; it does not include therapy notes (known also as "psychotherapy notes") unless a specific request is issued and granted.
 - To inspect and copy PHI that may be used to make decisions about your treatment, you must submit your request for disclosure to your Therapist in writing.
 - If you request a copy of the information, the Therapist may charge a reasonable cost-base fee established by the Texas Board of Medical Examiners for the cost of copying, mailing, or summarizing your medical records.
 - The Therapist may deny your request to inspect and copy your PHI in certain circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Therapist will review your request and denial. The person conducting the

review will not be the person who denied your request. The Therapist will comply with the outcome of the review.

- **Right to Amend:** If you feel that the PHI maintained about you is incorrect or incomplete, you have the right to request that the Therapist or office personnel amend the information, as long as that information was generated by the Therapist.
 - You must request an amendment to your records in writing to your Therapist along with reasoning that supports your request.
 - The Therapist may be legally or contractually prohibited from changing the record, but may elect to add an addendum or attach an amendment or correction to your information and note that the new information takes the place of the old information. The old information may remain in the record.
 - The Therapist may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Therapist may deny your request if you ask to amend information that was not created by the Therapist, is not part of the medical information kept by the Therapist, is not part of the information which you would be permitted to inspect and copy, or if the information is accurate and complete.
- **Right of Accounting and Disclosures:** You have the right to request an “Accounting of Disclosures,” except when the use or disclosure is made for purposes of your treatment, payment, health care operations, or as Required by Law (as defined by HIPAA).
 - You must request this list in writing to your Therapist and state a time period, which may not be longer than six years.
 - The first list you request in a 12 month period will be free. For additional lists within the 12 month period, you may be charged for the cost of providing the list.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI a Therapist uses or discloses about you as well as how that information is used or disclosed. You also have the right to request a restriction on who the Therapist can disclose your information to.
 - The Therapist is not required to agree to your request.
 - Should the Therapist agree, the Therapist will comply with your request unless the information is needed to provide you emergency treatment or disclosure of the PHI is required to comply with state or federal laws and regulations, or legal subpoenas and court orders.
 - Requests for restrictions on your PHI must be made in writing to your Therapist. In your request you may indicate any of the following: what information you want to limit, how the Therapist uses and discloses your PHI, or to whom you would like to restrict disclosure to.
 - To restrict disclosure from a health plan, the purpose must be for carrying out payment or health-care operations and is not otherwise a disclosure Required by Law, and the PHI pertains solely to a health-care item or service for which you, or a person, other than a health plan, on behalf of the individual receiving services, has paid the covered entity in full.
- **Right to Request Confidential Communications:** You have the right to request that the Therapist communicate with you about your treatment by specific means or at a specific location. For example, you can request that your Therapist contact you only at work or by mail; or, you might explain that sending information to your usual address might put you in danger. You must be specific about where and how we can contact you.
 - This request must be made in writing to your Therapist. You do not have to state a reason for your request.
 - The Therapist will accommodate all reasonable requests that clearly state how or where you wish to be contacted. If the Therapist cannot accommodate your request, you have the right to be notified of the reason for which the request was denied.
- **Breach of PHI:** In the event your PHI is unsecured and used or disclose without the authorization of Therapist or you, you will be notified of a data breach. We are required to notify you in this case even if there is no reason to suspect any misuse of your PHI. You will be notified by mail or by phone as soon as reasonably possible. It is your duty, or the duty of your legally authorized individual, to promptly tell Therapist if you have had a change of address.

- **Other Rights:**
 - Ask for and get a paper copy of this notice from Therapist.
 - Cancel permission you have given Therapists use or disclose PHI that identifies you in some cases, unless Therapist has already taken action based on your permission. You must cancel your permission in writing and deliver it to Therapist's office.
 - Be notified with a revised notice at certain times after significant changes are made in the use or disclosure of your health information.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make new provisions effective for all Protected Health Information we maintain. Should our PHI practices significantly change, we will re-distribute the notice by posting post the amended *Notice of Privacy Practices* in our office and prominently on our website at: <http://www.desellers-lpc.com/>.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- Your Therapist directly.
- Texas State Board of Examiners of Professional Counselors
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
1-800-942-5540
http://www.dshs.state.tx.us/counselor/lpc_complaint.shtm.
- Secretary U.S. Department of Health and Human Services
Office of Civil Rights
Region VI
1301 Young St., Suite 1169
Dallas, Texas, 75202
Voice Phone (800) 368-1019
FAX (214) 767-0432
TDD (800) 537-7697

All complaints should be in writing.

You will not be penalized for filing a complaint.