



NOTICE OF PRIVACY PRACTICES

Welcome to Balance Stress Management & Therapy. Privacy is a very important concern for all who come to this office. It is also complicated because of federal and state laws. Because the rules are so complicated some parts of this Notice are quite detailed and you will probably have to read it several times to understand them. If you have any questions we will be happy to help you.

CONTENTS OF THIS NOTICE

- A. Introduction
- B. What we mean by your medical information
- C. Privacy and the laws about privacy
- D. How your protected health information can be used and shared
 - 1. Uses and disclosures with your consent
 - a. The basic uses and disclosures
 - b. Other uses and disclosures in health care
 - 2. Uses and disclosures requiring your authorization
 - 3. Uses and disclosures not requiring your consent or authorization
 - 4. Uses and disclosures requiring you to have an opportunity to object
 - 5. An accounting of disclosures we have made
- E. If you have questions

A. INTRODUCTION

This notice will tell you about how information about you is handled. It tells how this information is used in this office, how it is shared with other professionals and organizations, and how you can see it. We want you to know all this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask for more explanation or more details.

B. WHAT WE MEAN BY YOUR MEDICAL INFORMATION

Each time you visit us or any doctor's office, hospital, clinic, or other "healthcare provider" information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services your got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for Protected Health Information. This information goes into your medical or healthcare record. In this office this PHI might include these kinds of information:

- ✓ Your history – as a child, in school and at work, marital and personal history.
 - ✓ Reasons you came for treatment – problems, complaints, symptoms, needs, goals.
 - ✓ Diagnosis – the medical terms for your problems or symptoms
 - ✓ A treatment plan – treatments and other services we think will best help you
 - ✓ Progress notes – anything written about how you are doing, what we observe about you

- ✓ Records we get from others who treated or evaluated you
 - ✓ Psychological test scores, school records, etc.
 - ✓ Information about medications you took or are taking
 - ✓ Legal matters

- ✓ Billings and insurance information

- ✓ This list is just to give you an idea. All of these may not be included and other kinds of information may go into your healthcare record here.
We use this information for many purposes. For example, we may use it:
 - ✓ To plan your care and treatment

- ✓ To decide how well our treatments are working for you
- ✓ When we are talking with other healthcare professionals who are treating you
- ✓ To show that you actually received services from us
- ✓ For teaching or training other healthcare professionals
- ✓ For medical or psychological research
- ✓ For public health officials trying to improve health care in this country
- ✓ To improve the way we do our job by measuring the results of our work

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, and review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend (add information to) your record, although in some rare situations we don't have to agree to do that.

C. PRIVACY AND THE LAWS

The HIPAA law requires us to keep your PHI private and give you this notice of our legal duties and our privacy practices, which is called the Notice of Privacy Practices or NPP. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get copy from your therapist at any time.

D. HOW YOUR PROTECTED HEALTH INFORMATION CAN BE USED AND SHARED

When your information is read by me or others in this office that is called, in the law, "use". If the information is shared with or sent to others outside this office, that is called in the law, "Disclosure". Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for the purpose. The law gives you the right to know about your PHI, how it is used and to have a say in how it is disclosed and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about this below. For other uses we must tell you about them and have a written Authorization from you unless the law lets or requires us to use or disclose without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or

authorization.

1. Uses and Disclosures of PHI in healthcare with Your Consent

After you have read this Notice you will be asked to sign a separate Consent Form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Reread this last sentence until it is clear because it is very important.

1a. For Treatment, Payment, or Health Care Operations

We need information about you and your condition to provide care to you. You have to agree to let us collect that information and to use it and share it as necessary to care for you properly. Therefore you must sign the Consent form before we begin to treat you because if you do not agree and consent we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare record here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what is called healthcare operations. Let's see what these are about.

FOR TREATMENT

We use your medical information to provide you with psychological treatment or services. These might include individual, couple, family, or group therapy, psychological education, vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we will share some of your PHI with them so that the services you receive will be coordinated. They will also enter findings, the actions they took, and their plans into your record. We can then decide what treatments work best for you and make a treatment plan. We may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

FOR PAYMENT

We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnosis, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and similar things.

FOR HEALTHCARE OPERATIONS

There are some other ways we may use or disclose your PHI which are called healthcare operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to provide some information to government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

1b. Other Uses in Healthcare

APPOINTMENT REMINDERS

We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

TREATMENT ALTERNATIVES: We may use or disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

OTHER BENEFITS AND SERVICES: We may use or disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

RESEARCH: We may use or disclose your information to do research to improve treatments. For example: comparing treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address, and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

BUSINESS ASSOCIATES: There are some jobs we hire other businesses to do for us. They are called our business associates in the law. Examples include a copy service we use to make copies of our health records and a billing service that figures out, prints, and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contracts with us to safeguard your information.

2. Uses and Disclosures Requiring Your Authorization

If we want to use your information for any purposes besides the TPO or those we described above we need your permission or an Authorization form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purpose that we agreed to. Of course, we cannot take back any

information we had already disclosed with your permission or that we had used in our office.

3. Uses and Disclosures of OHI from Mental Health Records Not Requiring Consent or Authorization The law lets us use and disclose some of your PHI without your consent or authorization in some cases. **WHEN REQUIRED BY LAW:** There are some federal, state, and local laws which require us to disclose PHI.

*** We have to report suspected child abuse or elder abuse.**

* If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will do so only after telling you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. * We have to release (disclose) some information to the government agencies that check on us to see that we are obeying the privacy laws.

FOR LAW ENFORCEMENT PURPOSES: We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

FOR PUBLIC HEALTH ACTIVITIES: We might disclose some of your PHI to agencies that investigate diseases or injuries.

FOR SPECIFIC GOVERNMENT FUNCTIONS: We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY: If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. Uses and Disclosures Requiring You to Have an Opportunity to Object We can share some information about you with your family or close others. We will only share information with those involved in your case and anyone else you choose, such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as its not against the law.

5. An Accounting of Disclosures

When we disclose your PHI we keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

E. IF YOU HAVE QUESTIONS

If you need more information or have questions about the privacy practices described

above please speak with your therapist whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated discuss it with your therapist. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take actions against you if you complain.

If you have questions regarding this notice or our health information privacy policies, please talk with your therapist or contact the practice @balancestresstx@gmail.com

Acknowledgement

By signing below, Representative acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Representative's satisfaction. Representative agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Representative agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Patient Name (please print) Date

Signature of Patient (if Patient is 12 or older) Date

Signature of Representative (and relationship to Patient) Date

Signature of Representative (and relationship to Patient) Date