

Notice of Privacy Practices

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 evaluation from our Providers we will collect or create health information about you. Health information includes any information about (1) your past, present, or future physical or mental health or condition; (2) the mental health care provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

Provider's Duties:

The law requires us to protect the privacy of your health information. This means that:

- We will not use or let other people see your health information without your permission except in the ways we tell you in this notice. This protection applies to all health information we have about you, no matter when or where you received or sought services.
- We will not allow any unauthorized person to interview, photograph, film, or record you without your written permission.
- We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.
- We will ask you for your written permission to use or disclose your health information.

If you give us permission to use or disclose your health information, you may take it back (revoke it) at any time. To revoke your permission, send a written statement, signed by you, to our office, providing the date and purpose of the permission and saying that you want to revoke it.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

We will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome without your

specific written permission, unless the law allows us to disclose the information.

Your Privacy Rights

You have certain rights as a patient.

- You can look at or get a copy of the health information that we have about you. There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it.
- You can ask us to correct information in your records if you think the information is wrong. We will not destroy or change my records, but we will add the correct information to your records and make a note in your records that you have provided the information.
- You can get a list of the disclosures of your health information that we made to other people in the last six years. The list will not include disclosures for payment, health care operations, national security, or law enforcement. There will be no charge for one list per year.
- You can ask us to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.
- You can ask us to contact you at a different place or in some other way (for example, at work or by email). We will agree to your request as long as it is reasonable.
- You can get a copy of this notice any time you ask for it.

Release of Information Without Your Permission

Provider is permitted to use or disclose your health information without your permission for the following purposes:

- **For Treatment.** This includes such things as

verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

- To obtain payment under a health plan or insurance. For example, we can use your health information to bill your insurance company for health care provided to you.
- For health care operations. We can use your health information for health care operations, such as developing procedures for providing better care to people in my office.
- To report suspected child abuse or neglect.
- To address a serious threat to health or safety. We 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.
- To your legally authorized representative (LAR). We may share your health information with a person the law allows to represent your interests, such as an attorney or guardian.
- In certain court proceedings. We may disclose your health information in any criminal or civil proceeding if a judge has issued an order that requires us to disclose it.
- To a correctional facility. If you are detained, we can provide information for the purpose of providing treatment and health care to you while you are in custody;
- When required by law.

Complaint Process

If you have a complaint about the services you have received, please discuss it with us. If you would like to make a formal complaint, you may contact:

For Psychiatrist:

Texas Medical Board
333 Guadalupe
Tower 3, Suite 610
Austin, Texas 78701

www.tmb.state.tx.us/consumer/DisciplinaryProcess.php

For Psychologist:

Texas State Board of Examiners of Psychologists
333 Guadalupe
Tower 2, Room 450
Austin, Texas 78701

www.tsbep.state.tx.us/complaint.html

Changes to this Notice

We can change the contents of this notice and, if we do, we will have copies of the new notice available. The new notice will apply to all health information we have, no matter when we got or created the information.

Please be Advised:

- That all of the practitioners in this office are independent
- The practitioners are not in partnership with each other
- The practitioners are responsible for their own individual billing
- The practitioners do not control nor supervise the services of another practitioner in this office