

NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Drug Abuse Prevention, Treatment, and Rehabilitation Act

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 we will obtain and/or create health information 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 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.

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. We will safeguard your health information and keep it private. 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 (authorization or consent) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, you must sign the consent form that you are revoking, or verbally tell the staff person to revoke the specified consent.
- ★ We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement form saying that you have received it. We can change the contents of this notice and, if we do, we will have copies of the new notice at our sites. The new notice will apply to all health information we have, no matter when we got or created the information.
- ★ Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need it as part of their jobs. There will be consequences for employees who do not protect the privacy of your health information.
- ★ We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- ★ If you are also being treated for alcohol or drug abuse, federal law protects your records and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you either at this office or against any person who works here or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Your Privacy Rights:

- ★ 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 our 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 when we have given health information about you to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. 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. 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.

Treatment, Payment, and Health Care Operations:

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Treatment: We can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we may contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

Payment: We can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan.

Health Care Operations: We can also use your health information for health care operations. These activities include but are not limited to licensing, training, and business purposes. We may also use or disclose your information to contact you to remind you of appointments.

We are permitted to use or disclose your health information without your permission for the following purposes:

When required by law. We may use or disclose your health information as required by state or federal law.

- ★ **To report suspected child abuse or neglect.** We may disclose your health information to a government authority if necessary to report abuse or neglect of a child.
- ★ **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.
- ★ **For research.** We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.

- ★ **To a government authority if you are a victim of abuse.** We may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.
- ★ **To Advocacy, Inc.** We may disclose your health information to Advocacy, Inc., in accordance with federal law, to investigate a complaint by you or on your behalf.
- ★ **For public health and health oversight activities.** We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- ★ **To comply with legal requirements.** We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- ★ **For purposes relating to death.** If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.
- ★ **To a correctional institution.** If you are in the custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you.
- ★ **To locate you if you are missing from a facility.** We may disclose some information about you to law enforcement personnel so that they can find you and return you to the facility if you are missing.
- ★ **For government benefit programs.** We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.
- ★ **To your legally authorized representative (LAR).** We may share your health information with a person appointed by a court to represent your interests.
- ★ **In judicial and administrative proceedings.** We may 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. Some types of court or administrative proceedings where we may disclose your health information are: -- **commitment proceedings** for involuntary commitment for court-ordered treatment or services. -- **Court-ordered examinations** for a mental or emotional condition or disorder. -- **Proceedings regarding abuse or neglect** of a resident of an institution. -- **License revocation proceedings** against a doctor or other professional.
- ★ **To the Secretary of Health and Human Services.** We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

Compliant Process

If you believe that we have violated your privacy rights, you have the right to file a complaint.

You may file a complaint with:

U.S. Department of Health and Human Services
 200 Independence Avenue, S.W.
 Washington, D.C. 20201
 (800) 368-1019 (toll free)

We will not retaliate against you if you file a complaint.

If you have any questions about this notice, please contact me:

Saundra Jain, MA, PsyD, LPC

Address: 1101 S. Capitol of Texas Hwy #A-200, Austin, TX 78746

Email: SaundraJain@gmail.com

Office Phone: (512) 660-4650