

Notice of Social Workers' Privacy Policies and Practices

ATTENTION

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information.
PLEASE REVIEW IT CAREFULLY

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

PHI refers to information in your health record that could identify you.

Treatment is when I provide, coordinate, or manage your health care and other services related to your health care.

Payment is when I obtain reimbursement for your healthcare. Payment also includes the necessity disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility coverage.

Health Care Operations are activities that relate to the performance and operations of my practice. Examples of health care operations are quality assessment and improvement practices, business related matters such as audits and administrative services, and case management and care coordination.

Use applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information from you, I will need to obtain an authorization before releasing your psychotherapy notes.

Psychotherapy notes are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than your PHI.

You may revoke all such authorizations (or PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have cause to believe that a child has been, or may be, physically abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.

Adult Domestic Abuse: If I have cause to believe that an elderly or disabled person in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.

Serious Threat to Health or Safety: If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical and/or law enforcement personnel.

Health Oversight: If a complaint is filed against me with the State Board of Social Worker Examiners, they have the authority to subpoena confidential mental health information from me relevant to that complaint.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without written authorization from you or your personally (or legally) appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Worker's Compensation: If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

NOTICE OF SOCIAL WORKERS' PRIVACY POLICIES AND PRACTICES (CON'T)

IV. Patient's Rights and Social Worker's Duties

Patient's Rights

Right to Request Restrictions: You have the right to request restrictions on certain issues and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of PHI and psychotherapy notes that are used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process.

Right to Reserve Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your statements to another address.)

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. Upon your request, I will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). Upon your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of this notice from me.

Social Worker's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide the amended form to current clients at their next scheduled appointment, or by mail within 15 days of receiving a written request for the document.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect May 1, 2004.

ACKNOWLEDGEMENT OF SOCIAL WORKERS' PRIVACY POLICIES AND PRACTICES

I acknowledge that I have been given this office's **Notice of Social Workers' Privacy Policies and Practices**, which explains how my medical information will be used and disclosed. I understand that this acknowledgement will be kept in my medical record for the purpose of providing treatment, pursuing payment, or other routine health care operations.

Patient's Printed Name

Patient's Signature

Date