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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.

NOTICE OF PRIVACY PRACTICES

- A. The privacy of your medical information is very important to me. This notice will tell you what kinds of information about you are kept by this office, how the information is used by this office, and how the information may be shared or disclosed to other professionals or organizations. This notice also will describe your rights to consent to such disclosures, authorizations, and my duties regarding these. If you have any questions or want to know more about anything in this Notice, please ask me, designated Privacy Officer, for more explanation or more details.
- B. Each time you visit me or any doctor's office, hospital, clinic, or any 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 you got from me or from others, or about payment for healthcare. The information I collect from you is called your **Protected Health Information (PHI)**, and comprises your **medical or healthcare record** or file at this office. It is likely to include:
- Your personal history
 - Reasons for treatment, problems, symptoms, needs, goals
 - Diagnoses
 - A treatment plan
 - Progress notes
 - Records from others who treated or evaluated you
 - Psychological test scores, school records, etc.
 - Information about medications you took or are taking
 - Legal matters
 - Billing and insurance information.

Exception: **Psychotherapy Notes** are defined as notes recorded by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy Notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of

clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Psychotherapy Notes are **not** considered to be a part of your medical record, and authorization must be obtained for any use or disclosure of these Notes except for my use or oversight or upon court order or as required by Texas Statutes or the Texas Family Code. (In this office, Psychotherapy Notes will be kept on colored paper and be in a separate folder in your file.)

Although your medical record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. Except for Psychotherapy Notes, you can inspect, read, or review your medical record. If you want a copy, we can make one for you, but you will be charged \$1.00 per page for the costs of copying. If you want the record mailed to you, you will be charged the costs of mailing. Because email is not encrypted in this office, your medical record may not be scanned and emailed to you. In some very unusual situations (such as raw test data) 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 clarify, amend or add to your record. A specified form will be provided to you for that purpose, but I am not required to comply with your proposed changes. I will, however, make every effort to let you know why such proposed changes are not acceptable.

- C. HIPAA law (Health Insurance Portability and Accountability Act of 1996) requires me to keep your PHI private and to give you notice of my legal duties and my privacy practices, called the **Notice of Privacy Practices (NPP)**. I will obey the rules of this notice as long as it is in effect; but, if I change it, the rules of the new NPP apply to all the PHI I keep. If the NPP is changed, I will post the new Notice in my office and on my website (www.lifespancounseling.com). You or anyone else can also get a copy from me at any time.
- D. Your protected health information can be **used** by me or any staff or contract service providers I may have, or shared or **disclosed** to others outside this office. Except in some special circumstances, when I use your PHI here or disclose it to others I share only the minimum necessary for the purpose. The HIPAA law gives you the right to know about your PHI, how it is used and to have a say in how it is disclosed.
 - 1. For Treatment, Payment, or healthcare Operations (TPO). Generally, your PHI will be used or shared to provide you with **treatment**, arrange for **payment** for services, or for some other business functions called **operations**. *Your consent to these and some other specified disclosures is necessary for you to obtain treatment.*
 - i. I use your PHI to provide you with mental health treatment or services. These might include individual, family, or group therapy, assessment, treatment planning or

measuring the effects of treatment. I may disclose your PHI to others who provide treatment to you, such as your personal physician, or to someone I have referred you to for services or whom you have selected to see at some future time.

- ii. I may use your information to bill you, your insurance company, or others to be paid for the treatment I provide you, or to check on benefits, or to secure authorized sessions from your managed care organization. I may have to tell them your diagnoses, what treatment or services you received and when, your progress and functional status, and what I expect as I treat you.
- iii. There are other operating activities which may require the disclosure of information such as to some governmental agency or in the case of an audit. In these cases, your name and identity will be removed from what is sent.

2. Other healthcare uses may include:

- Appointment notifications
- As may be required by law
- For public health purposes such as reporting child or elder abuse or neglect; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence
- Lawsuits and disputes
- Law enforcement, such as victim of a crime under restricted circumstances
- To prevent serious threat to health or safety
- To military command authorities for armed forces members
- National security and intelligence activities
- Protection of the President or other authorized persons for heads of state or to conduct special investigations
- Alcohol and drug abuse information has special privacy protections and I will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: (1) the client consents in writing, (2) a court order requires disclosure, (3) medical personnel need the information to meet a medical emergency, (4) qualified operations, (5) it is necessary to

report a crime or threat to commit a crime or to report abuse or neglect as required by law

- Business Associates. There are some jobs I may hire others to do, such as billing services. Business Associates need to receive some of your PHI. To protect your privacy, they have agreed in their contract with me to safeguard your information.

3. Your Authorization is required for other disclosures. Except as described previously, I will not use or disclose information from your PHI unless you authorize me to do so in writing. An Authorization Form is available from me for this purpose. You may revoke your permission, which will be effective only after the date of your written revocation.

4. When I disclose your PHI, I keep a record of what, when and to whom information was sent. You may request a list of the disclosures of your mental health information that have been made to persons or entities (other than for treatment, payment or healthcare operations) in the last six (6) years, but not prior to April 14, 2003.

E. If you have questions or problems or need more information about the privacy practices described in this document, please speak to me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003.

Carolyn G. Maurer, Ph.D.
Privacy Officer