

## SOLUTION FOCUSED FAMILY CENTER



### 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. This notice effective 8/27/2012. This Notice of Privacy Practices describes how your protected health information (PHI) may be used and disclosed by Mindy Harrison, LCSW-S with Solution Focused Family Center to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that is related to your past, present, or future physical or mental health or condition and related health care services. We are committed to protecting your privacy and ensuring the confidentiality of your health information. This notice outlines our legal obligations, as well as your rights, under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws. Please review this notice carefully to understand how we handle your information.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by your therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the therapist's practice as necessary, and any other use required by law.

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**Payment:** Your PHI may be used to obtain payment for services rendered, including billing and collections, and communicating with your health insurance provider regarding coverage and payment details. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Abuse or Neglect:** By law, we are required to disclose PHI if we suspect abuse or neglect, ensuring the safety and well-being of vulnerable populations such as children, the elderly, or the disabled.

**Judicial and Administrative Proceedings:** Your PHI may be disclosed in response to a court order or subpoena as part of legal proceedings, court order, administrative order or similar process, ensuring compliance with the law.

**Deceased Patients:** PHI may be disclosed concerning deceased patients to facilitate the administration of their estate or for other legal purposes.

**Medical Emergencies:** In medical emergencies, we may disclose your PHI to other healthcare professionals to provide urgent care and treatment as needed or in order to prevent serious harm.

**Family Involvement in Care:** We may share your PHI with family members or caregivers involved in your treatment, provided we believe it is in your best interest and you have not objected. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Law Enforcement:** Your PHI may be disclosed to law enforcement agencies to report certain crimes, comply with legal requests, or assist in investigations as permitted by law. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Public Health:** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the

purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety:** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission with Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 5950 Park Vista Circle, Ste 110, Fort Worth, TX 76244,

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care

item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

**Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice.** You have the right to a copy of this notice

#### **FORMAT OF DISCLOSURES**

Disclosure of information may be made in any manner consistent with applicable law, including, but not limited to, verbally, in paper format or electronically. In accordance with Texas Health and Safety Code Chapter 181 if we receive a written request from a person for the person's electronic health record we will provide the requested record to the person in electronic form unless the person agrees to accept the record in another form.

#### **COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 5950 Park Vista Circle, Ste 110, Fort Worth, TX 76244 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint. The effective date of this Notice is 8/27/2012.