

NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal health information (PHI) and/or electronic personal information (ePHI) about you and your health. From this point on this Notice of Privacy Practice will refer to your personal health information and/or your electronic personal health information as "PHI/ePHI" This information, which may identify you relates to your past, present and future physical and mental health or condition and related health care services. This Notice will describe how we may use and/or disclose your PHI in accordance with applicable law. It also describes to your rights regarding how to gain access to and control your PHI/ePHI.

We are required by law to maintain the privacy of PHI/ePHI and to provide you with notice of our legal duties and privacy practices with respect to PHI/ePHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI/ePHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending you a copy via first class mail, email or by providing you a copy at your next appointment.

CONTACT INFORMATION:

Our Office Administrator, Pamela Counterman is HIPAA/HITECH Certified. She will assist you with your PHI/ePHI questions or concerns.
Phone: 806-355-4673
Email: info@newhoperesources.com

The Secretary of Health & Human Services Office
Phone: 202-680-7691
Email: ASH@hhs.gov

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This notice was published and becomes effective on March 27, 2013

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your PHI/ePHI may be used and disclosed by your counselor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support operations of the counselor's practices, and any other reuse required by law.

TREATMENT:

We will use and disclose your PHI/ePHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. This also includes consultations with clinical supervisors or other treatment counselors and/or staff. For example your PHI/ePHI may be provided to a physician or counselor to who you have been referred to ensure that the physician or counselor has the necessary information to treat you.

PAYMENT:

We may use or disclose PHI/ePHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: Making a determination of eligibility of 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 utilize collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI/ePHI necessary for the purposes of collection.

HEALTHCARE OPERATIONS:

We may use or disclose, as needed, your PHI/ePHI in order to support the business activities of your counselor's practices. These activities include, but are not limited to, quality assessment activities, employee review activities, training for licensed professional counseling interns, licensing and conducting or arranging for other business activities. In addition, we may use a sign in sheet at the registrations desk where you will be asked to sign your name to indicate your counselor. We may also call you by name in the waiting room

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when your counselor is ready to see you. We may use or disclose your PHI/ePHI as necessary, to contact you via phone, first class mail or electronic means to remind you of your appointment only if you have indicated that you would like a reminder.

FOLLOWING IS INFORMATION OF USES AND DISCLOSURES PERMITTED BY HIPAA WITHOUT AN AUTHORIZATION:

We may use or disclose your PHI/ePHI in the following situations without your authorization. These situations include, as required by law: Public Abuse or Neglect, Emergencies, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Workers' Compensation, Inmates, Public Safety (Duties to Warn & Protect) and required uses and Disclosures.

WITH AUTHORIZATION:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization and may be revoked at any time with a written letter in the form of a paper or electronic document. Any authorization or revocation will be kept in your client file.

EXCLUSION TO REVOKE AUTHORIZATION

At any time in writing except to the extent that your counselor or the counselor's practice has taken an action in reliance on the use or disclosure indication in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES:

Will be made only with your consent, authorization or opportunity to object unless required by law.

REQUIRED BY LAW:

Under the Law, we must make disclosure of your PHI/ePHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigation or determining our compliance with the requirements of the Privacy Rule. Under the law, we must make disclosures to you and when required by the Secretary

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or the Department of Health and Human Services to investigate or determine our compliance with requirements of Section 164,500.

YOUR RIGHTS REGARDING YOUR PHI/ePHI

You have the following rights regarding your PHI/ePHI maintained by our office. To exercise any of these rights, please submit your request in writing to our HIPAA Certified Office Administrator listed at the end of this Notice of Privacy Practices

DISCLOSURES TO YOUR HEALTH PLAN:

At your request, our office may not disclose information about your treatment for any sessions that you have paid “out of pocket” unless for treatment purposes or in the rare event there is exclusion or other requirement by law.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI/ePHI:

Under federal law; however, you may not inspect or copy the following records: Psychotherapy Notes, information compiled in reasonable anticipation or use in a civil, criminal or administrative action or proceeding, PHI/ePHI that is subject to law that prohibits access to protected health information. We may charge a reasonable cost based on fee & labor for copies. You choose to receive these copies in paper or electronic form. For your protection a signed authorization with will be kept in your file. Our office has 30 days to respond to your written request with one 30 day extension regardless of where the records are kept.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PHI/ePHI:

You have the right to request a restriction or limitation on the use or disclosure of any part of your PHI/ePHI for the purposes of treatment, payment or healthcare operations. You may also request that any part or your PHI/ePHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Your counselor is not required to agree that to a restriction that you request, if your counselor believes it is in your best interest to permit uses and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Licensed Professional Counselor and/or Licensed Professional Counselor Intern.

MARKETING, DONATIONS, AND/OR THE SALE OF PHI/ePHI:

Our office may provide marketing communications to you in the absence of a written authorization following these listed guidelines: 1) our office receives no

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compensation for the communication. 2) The communication is face-to-face. 3) The communication involves general health promotion of a specific product or service. 4) The communication involves government or government-sponsored programs. Our office is permitted to give our clients/patients promotional gifts of nominal value (e.g., pamphlet)

Our office is a non-profit organization that does accept donations in order to provide services to those that might not otherwise be able to afford them. Names of donors are not given out in the interest of privacy. A letter will be sent for tax purposes to all donors with the only the total amount that was donated for the previous year.

Our office is prohibited on the sale of your PHI/ePHI in the absence of your written authorization. This extends to licenses or lease agreements and to the receipt of financial or in-kind benefits. It also includes disclosures in conjunction with research if the remuneration received includes any profit margin. On the other hand, the prohibition on PHI/ePHI sales does not extend to permit disclosures for payment or treatment or to permit disclosures to parties or their designees in exchange for a reasonable cost based fee. You have the right to opt out of any marketing communications with a written request from our office.

ELECTRONIC COMMUNICATION

Your counselor will make every effort to maintain your privacy; however, in regards to all electronic communication (e.g., Skype, email, mobile devices, chat, fax etc.) and transmission security. Please be advised there is a risk that your PHI/ePHI may be inadvertently exposed.

DECEDENT'S

In the event of your death, an authorized member of your family/friend that was involved with your care or payment for care may be permitted to receive relevant disclosures. These disclosures are permitted as if you were still alive and will be only allowed if your counselor is unaware of any expressed preference to the contrary. Your PHI/ePHI will no longer be considered protected 50 years after a death.

YOU HAVE THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:

You have the right to request and receive confidential communication from our office by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us at no cost upon request, even if you have agreed to accept this notice alternatively (i.e. electronically.)

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RIGHT TO AMEND

If you feel that the PHI/ePHI 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 request. Certain circumstances may not allow our office to amend the record. If we deny your request for amendment, we will provide a written statement of why it was not amended. If you feel that is incorrect, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal.

RIGHT TO AN ACCOUNTING OF DISCLOSURES:

You have the right to request an accounting of certain disclosures we make of your PHI/ePHI. We may charge a reasonable cost based on fee & labor for copies. You choose to receive these copies in paper or electronic form for more than one accounting in any 12 month period. For your protection a signed authorization with will be kept in your file.

BREACH NOTIFICATION:

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

COMPLAINTS:

If you believe we have violated your privacy rights you have the right to file a complaint in writing with our Office Administrator or with the Secretary of Health and Human Services. The Contact Information is listed on the front of this notice. You may file a complaint with us by notifying your privacy contact of your complaint. **It is unlawful for us to retaliate against you for filing complaint.**