

## ***HIPAA NOTICE OF PRIVACY PRACTICES for Raegan Hollier, MEd, LPC and Hollier Counseling***

*This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you do not understand any part, please ask for clarification.*

### **1. OUR DUTIES**

The privacy and confidentiality of your health information is very important and we are committed to protecting it to the extent we can, remaining consistent with the law and the ethical standards of the counseling profession. Your health information includes records that we create and obtain in order to provide care to you. For example, it includes a record of your symptoms, progress notes, diagnoses, summary of treatment and referrals as well as bills, insurance claims and other payment information. This notice explains the different ways we may use and disclose your health information. It also describes your rights and responsibilities as a client. We are required to:

- ▶ Maintain the privacy of your protected health information (PHI) as required by law;
- ▶ Provide you with this notice of our legal duties and privacy practices with respect to your health information that we collect and maintain;
- ▶ Follow the terms of our notice that is currently in effect.

### **2. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION – PAYMENT, TREATMENT, AND HEALTHCARE OPTIONS**

Under federal law, we are permitted to use and disclose personal health information without authorization for providing treatment services, collecting payment, and healthcare operations.

**Treatment:** Health information may be used to provide, manage or coordinate care.

**Payment:** I submit claims to your health insurance company if you choose to use that option for payment. Only the minimum amount of information necessary for the insurance company to process the claim will be released. This may include diagnosis and explanation of care provided.

**Healthcare Operations:** I may perform functions such as review of treatment procedures, certification, training, compliance or licensing activities.

### **3. OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

**Abuse, Neglect or Domestic Violence:** I may disclose protected health information about you to a state or federal agency if required or permitted by law to report child or vulnerable adult abuse or neglect or domestic violence. When possible, and as consistent with my professional judgment in order to avoid harm to you or others, I will inform you of the need to make such a disclosure.

**Business Associates:** I may disclose some or all of your protected health information to business associates who perform services for this practice. I require all business associates to safeguard any information they handle. I share only the minimum amount of information necessary for them to perform their tasks.

**Judicial or Administrative Proceedings:** I may disclose protected health information about you in the course of a judicial or administrative proceeding as required by law. For example, if a court orders me to release information, I must generally comply with the order. In some circumstances, I may be required to turn over information in response to a subpoena.

**Law Enforcement:** If authorized or required by law, I may release health information to law enforcement officials.

**Coroners, Medical Examiners, and Funeral Directors:** In most circumstances, I may disclose health information to a coroner or medical examiner to help identify a deceased person or determine cause of death.

**Health Oversight Activities:** I may disclose health information about you to governmental, licensing, auditing, or healthcare accrediting agencies where authorized or required by law.

**Appointment Reminders and Other Health Services:** I may contact you to remind you of appointments or other services/options.

**Communicable Diseases/Public Health Activities:** To the extent authorized by law or ethical standards, I may disclose health information to a person who has been exposed to a communicable disease or who is at risk for spreading a disease. As required by law, I may disclose health information about you to a public health agency.

**Prevention of Serious Threat to Public Health or Safety:** In accordance with the law and professional ethics, I may use and disclose health information about you to prevent or minimize the risk of serious or imminent threat to your health and safety or the health and safety of another person or the public.

**Disaster Relief Efforts:** We may disclose health information to government agencies or private organizations (e.g., Red Cross) to assist in disaster relief efforts such as notifying your family of your condition, status and location. If you are unavailable (e.g., due to incapacity, injury) we will use our professional judgment as to what is appropriate in the emergency circumstances.

**Communication with Friends and Family:** We may disclose limited information about you to persons who are involved in your care, such as family members or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are unable to give consent (e.g., due to illness, injury, or emergency) we will use our best judgment as to what is in your best interest regarding disclosure.

**Minors:** If you are an unemancipated minor under the law in the state of Texas, we may, in certain circumstances, disclose health information about you to a parent, guardian or other authorized person, in accordance with the law and professional ethics.

**Parents:** If you are the parent of an unemancipated minor, we may disclose health information about your child to you in certain circumstances. In other circumstances, such as when your child is legally authorized to consent to treatment without separate consent from you, and where the child does not request that you act as his/her personal representative, we may not disclose health/mental health information about your child to you without your child's authorization.

**Personal Representative:** If you are an adult or an emancipated minor, we may disclose health information about you to a personal representative authorized to act on your behalf in making health care decisions.

**Research and Related Activities:** We may disclose health information for research purposes in accordance with our legal and ethical obligations.

**Specialized Government Functions:** We may disclose health information about you for specialized government functions as required by law.

**Required by Law:** We may disclose health information about you when required to do so by federal, state, or other applicable law.

## **5. YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Inspect Your Records:** In general, you have the right to inspect and/or receive a copy of your records.

**Right to Request An Amendment:** If you believe the health information in our records is incorrect, you may request in writing that the information be amended or that an addendum be placed in the record. We cannot take out what is in the record, but we can add information. If your request cannot be granted, we will notify you in writing of the reason(s) for the denial and how you may appeal the decision, including your right to submit a statement disagreeing with the decision. This statement will become part of the record.

**Right to an Accounting of Disclosures:** You have the right to receive a list of disclosures we have made of your health information.

**Right to Request Communication by Alternative Means:** If you would like us to communicate with you in a certain way (e.g., by leaving a message on your home voice mail) or at a certain location (e.g., home), we will make every effort to accommodate your request for confidential communications as long as it is reasonable and practical to do so.

**Right to Request Restrictions on Uses and Disclosures of Your Healthcare Information:** You have the right to request that we restrict or limit certain uses or disclosures of information. This request must be submitted in writing. However, we are not required to agree with your request. You will be notified of the status of your request within 10 business days of receipt by this office.

**Right to Receive a Paper Copy of this Notice:** You have the right to request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

## **6. CONTACT INFORMATION**

All requests must be made in writing. After reviewing this notice, if you need further information or wish to contact me for any reason regarding your protected health information, please contact me at:

Raegan Hollier

Calder St. Suite 204

Beaumont TX 77702

Phone: (409) 263-2461

Fax: (409) 332-4640

raegan@holliercounseling.com

## **7. QUESTIONS OR COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a written complaint and address it to the person listed in Section 6. If that does not satisfy your concern, you may file a complaint with the Secretary of Health and Human Services. Instructions for filing a complaint with the appropriate office for your region can be found at <http://www.hhs.gov/ocr/howtofileprivacy.pdf>. Alternatively, you may call 1-800-368-1019 and request instructions for filing a complaint. There will be no retaliation for filing a complaint.

## **8. FUTURE CHANGES TO THIS NOTICE AND OUR PRIVACY PRACTICES**

We reserve the right to amend the terms of our privacy practices and policies and this notice. If this notice is revised, the changed terms will apply to all health information about you, including information obtained before the effective date of the revision. Any significantly revised notice will be distributed to all active clients.

## **9. EFFECTIVE DATE**

Notice is effective January 25, 2011.