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HIPAA

HIPAA is the acronym of the Health Insurance Portability and Accountability Act of 1996. The main purpose of this federal statute was to help consumers maintain their insurance coverage, but it also aimed at improving the efficiency and effectiveness of the health care system. The key components of it include: standardized electronic transmission of common administrative and financial transactions, unique health identifiers for individuals, employers, health plans and health care providers, privacy and security standards to protect the confidentiality and integrity of individually identifiable health information.

Regulations apply to health plans, clearinghouses (entities that facilitate electronic transactions by translating data between health plans and providers), and health care providers who transmit health information.

Provisions include electronic data interchange, privacy, and security (administrative safeguards, physical safeguards, technical safeguards).

Detailed and updated information about HIPAA requirements may be obtained at the Texas of State Health Services Website: <http://www.dshs.state.tx.us/hipaa>

NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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 CAREULLY.

I. Uses and Disclosures for Treatment, Payment and Health Care Options Requiring Your Advance Consent

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

1. "PHI" refers to information in your health record that could identify you.
2. "Treatment, Payment, and Health Care Operations"
 - a. **Treatment** is when I provide, coordinate, or manage your mental health treatment and other services related to your mental health care. An example of treatment would be when I consult with another health care provider, such as your family physician, social worker, therapist, psychologist, psychiatrist or another mental health provider.
 - b. **Payment** is when I obtain reimbursement for your health care or to determine eligibility for coverage.
 - c. **Health Care Operations** are activities that relate to the performance and operation of my practice. An example would be supervision or case coordination with someone who works for me.
3. "Use" applies to activities within my practice such as sharing, employing, applying, utilizing, examining and applying information that identifies you.
4. "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 Your Specific 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 certain disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization, or (2) if 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, abused, neglected, or sexually abused, I must by law make a report of this within 48 hours to the Texas Department of Protective and Regulatory Services or to any local or state law enforcement agency.

ADULT and DOMESTIC ABUSE: If I have cause to believe that an elderly or disabled person has been abused, neglected, or exploitation, I must immediately report this to the Department of Protective and Regulatory Services.

ABUSE by a THERAPIST: If I have cause to believe that you have been the victim of sexual exploitation by a mental health professional during the course of treatment, I will report this to the appropriate State Examining Board.

HEALTH OVERSIGHT: If a complaint is filed against a therapist with the appropriate overseeing State Board (The Texas State Board of Licensed Professional Counselors); they have the authority to subpoena confidential mental health information from the therapist 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 relevant to these items, such information is privileged under state law, and I will not release information, without written authorization from you or your personal 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 when this is the case.

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 or law enforcement personnel.

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.

IV. Client's Rights and My Duties

Client's Rights:

RIGHT TO REQUEST RESTRICTIONS: You have a right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATION BY ALTERNATIVE MEANS AND AT ALTERNATIVE LOCATIONS: You have the right to request and receive confidential communication 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 request, I will send information to another address.

RIGHT TO INSPECT AND COPY: You have the right to inspect or copy (or both) of PHI and psychotherapy notes in my mental health and billing records 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 the decision reviewed. On your request, I will discuss with you the details of the request and denial process.

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. On 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). On 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

My 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 the policies and procedures, I will provide you with a revised copy at your next visit or by mail.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, please talk to me about these concerns.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. I can provide you with the appropriate address upon request.

Signature

Date