



THRIVE INTERVENTION COUNSELING

THRIVE INTERVENTION COUNSELING
700 SPRING CREEK PARKWAY
WYLIE, TEXAS 75098
(214) 734-5747

TEXAS HIPAA NOTICE FORM

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 CAREFULLY. THIS INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY LAW.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Thrive Intervention Counseling ("TIC") and its staff may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"*Treatment, Payment and Health Care Operations*"

- *Treatment* is when TIC or its staff provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when TIC and its staff consult with another health care provider, such as your family physician or another psychologist.
- *Payment* is when TIC and its staff obtain reimbursement for your healthcare. Examples of payment are when TIC and its staff disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of TIC and its staff. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within TIC and its staff such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of TIC and its staff, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

TIC and its staff 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 specific disclosures. In those instances when TIC is asked for information for purposes outside of treatment, payment and health care operations, TIC will obtain an authorization from you before releasing this information. TIC will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes a TIC counselor has made about our conversation during a private, group, joint, or family counseling session, which TIC has 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) TIC has 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

TIC may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If, in my professional capacity, a TIC psychologist or counselor know or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, I am required by law to immediately report that knowledge or suspicion to the Texas Department of Family and Protective Services, or as otherwise specified in law.

Adult and Domestic Abuse: If a TIC counselor have reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, I am required by law to immediately report such belief to the Texas Department of Family and Protective Services, or as otherwise specified in law.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and TIC will not release this information without written authorization from you or your persona 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 if this is the case.

Serious Threat to Health or Safety: If a TIC counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, TIC may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to TIC an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and a TIC counselor believes you have the intent and ability to carry out the threat, then TIC is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

Worker's Compensation: If you file a worker's compensation claim, TIC may be required to give your mental health information to relevant parties and officials.

IV. Patient's Rights and Counselor's Duties

Patient's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, TIC is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications 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 your request, TIC will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI and in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. TIC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, TIC will discuss with you the details of the request 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. TIC may deny your request. On your request, TIC 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, TIC 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 TIC upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties:

TIC is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI. TIC reserve the right to change the privacy policies and practices described in this notice. Unless TIC will notify you of such changes, however, TIC is required to abide by the terms currently in effect. If TIC revises my policies and procedures, TIC will notify you in writing by mail if you are an active patient. An active patient is someone that is currently being seen, or has been seen for services within three months preceding the revision of policies and procedures.

V. Complaints

If you are concerned that TIC has violated your privacy rights, or you disagree with a decision TIC made about access to your records, you may contact Raschunda Aubrey, M.A., LPC at Thrive Intervention Counseling, 700 Spring Creek Parkway, Wylie, TX 75098,

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy. This notice will go into effect on 12-24-2021.

IC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. TIC will provide you with a revised notice by mail if you are an active patient.

Thank you for allowing us to serve you.

The Staff of Thrive Intervention Counseling