

## CAROLINE WIBBELSMAN, MA, LPC

### NOTICE OF PRIVACY PRACTICES AND POLICIES

This notice describes how mental health and other health care information about you may be used and disclosed and how you may get access to this information. Please review it carefully.

#### **Uses and Disclosures for Treatment, Payment and Health Care Operations**

I 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:

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 would be if I consult with your physician or another mental health provider
  - b. Payment is when I obtain reimbursement for health care services I have provided to you.
  - c. Health Care Operations are activities related to the operation of my practice. An example would be supervision or case coordination with someone who works for me.
3. "Use" means activities within my practice such as utilizing, examining or applying information that identifies you.
4. "Disclosure" means activities such as releasing, transferring, or providing access to information about you to other parties.

#### **Uses and Disclosures Requiring 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. In the event that I do maintain a separate file of psychotherapy notes, those records will be given a greater degree of protection than PHI in accordance with this section. 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 I have relied on that authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest a claim under the policy.

#### **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 or neglected, I must make a report of that within 48 hours to the Texas Department of Protective and Regulatory Services or to a local or state law enforcement agency.

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

**HEALTH OVERSIGHT:** If a complaint is filed against me by the Texas State Board of Licensed Professional Counselor Examiners, they have the authority to subpoena confidential mental health information from me relevant to that complaint. would be supervision or case coordination with someone who works for me.

**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 thereof, 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.

### **Patients' Rights**

**RIGHT TO REQUEST RESTRICTIONS:** You have a right to request restrictions on certain uses and disclosures of PHI 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 bills to another address.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect or obtain a 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 earlier in 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 notice in person or by United States mail.

**Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at 2306 Lake Austin Blvd. Austin, TX 78703 or by phone at 512.917.2708.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services.