



LPC-S, LMFT-S, PLLC

Counseling for Individuals, Couples, and Families

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## Confidentiality and HIPPA Notice of Privacy Policy

This notice describes how medical information about you may be used, disclosed, and how you may access this information under the HIPAA Omnibus Rule of 2013. Please review carefully.

### YOUR PROTECTED INFORMATION MAY BE USED AND DISCLOSED

**Payment.** To bill or collect payment from you, an insurance company, or another third party. For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, or obtain pre- authorizations from your health plan. . If you do not sign our authorization/ acknowledgement form or if you revoke it, we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. By law, we are unable to submit claims to payers under assignment of benefits without your signature on our authorization/ acknowledgement form. You will be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under Omnibus Rule. We will not condition treatment on you signing an authorization / acknowledgement, but we may be forced to decline you as a new client or to discontinue you as an active client if you choose not to sign, or to revoke the acknowledgement, if it interferes in our ability to adequately provide treatment or obtain payment for services rendered.

**Treatment.** With a ROI (release of information form), we may use and disclose your protected health information to provide, coordinate, or manage your health care treatment and related services. For example, we may review your health history to form a diagnosis and treatment plan, consult with other providers about your care, delegate tasks to ancillary staff, disclose needed information to your family or others participating in your sessions, etc.

**Business Associates.** We may use or disclose your protected health information with third party "business associates" that perform various activities (e.g. billing services) or to run our office, assess the quality of care our patients receive and to provide you with customer service. For example, we may contact you by telephone, mail or use other means to remind you of scheduled appointments. We may review your PHI to evaluate our staff/Intern, or may review your records to assist you with complaints. If ever an arrangement between a business associate and the provider involves the use or disclosure of your protected health information, we will have a written contract from them that contains terms that will protect the privacy of your protected health information.

**Written Authorization.** With a ROI (release of information form), uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time.

**Opportunity to Object.** You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

**Others Involved in Your Healthcare.** Unless you object and with a valid ROI on file, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that relates to that person's involvement in your health care.

**Emergencies.** In an emergency situation, your provider shall try to provide you a Notice of Privacy as soon as reasonably practical after the delivery of treatment.

**Without Authorization.** in accordance with applicable HIPAA Omnibus Rule we are permitted to use or disclose your PHI without your permission, consent or authorization for the following purposes.

- Suspected child abuse or dependent adult or elder abuse, which a therapist is required by law to report to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, we must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, we will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, we will take further measures without their permission that are provided by law in order to ensure their safety.

### **Minimum Necessary Rule**

In accordance with HIPAA law, we presume that requests for disclosure of PHI from another Covered Entity are for the minimum necessary amount of PHI to accomplish the requestor's purpose and will evaluate the need based on . . .

- The importance of the use of the disclosure
- The number of individuals or entities to whom the information is being disclosed
- The amount of information being disclosed
- The likelihood of further disclosure
- Whether the same result could be achieved with de-identified information
- The technology available to protect confidentiality of the information
- The cost to implement administrative, technical and security procedures to protect confidentiality
- If we believe that a request from others for disclosure of your entire medical record is unnecessary, we will ask the requestor to document it's purpose, retain that documentation and make it available to you upon request.

### **Incidental Disclosure Rule**

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it and we do not allow unauthorized access to areas where PHI is stored or filed.

In the event that there is a breach in protecting your PHI, we will follow Federal Guide Lines to HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-

Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the [US Department of Health and Human Services](http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html) at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>

We will also make proper notification to you and any other parties of significance as required by HIPAA Law.

### **Business Associate Rule**

Business Associates and any third parties who receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Under Omnibus Rule, Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise of such information to us, you and the United States Department of Health and Human Services, as well as other required entities. Our Business Associates will also follow Omnibus Rule and have any of their Subcontractors that may directly or indirectly have contact with your PHI, sign Confidentiality Agreements to Federal Omnibus Standard.

### **Changes to Privacy Policies**

We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately. They will apply to all PHI we create or receive in the future, as well as to all PHI created or received by us in the past. Any changes will be posted to the Notice, along with its effective date, in our office and on our website. You may request a copy of our current Notice at any time.

### **Fax and Email**

You may request for us to fax or email your PHI as an alternative communication. For this communication, we will confirm that the fax number or email address is correct before sending the message and ensure that the intended recipient has sole access to the fax machine or computer before sending the message; confirm receipt, locate our fax machine or computer in a secure location so unauthorized access and viewing is prevented; use a fax cover sheet so the PHI is not the first page to print; and attach an appropriate notice to the message. Since our email accounts are not encrypted, we will not send PHI to you via email unless you specifically request for us to do so and it is the only feasible way to fulfill your request.

### **Inactive Patient Records**

In accordance with Texas law and LPC/LMFT Board rules, your records will be retained for seven years from your last treatment or examination, at which point we may destroy your records. Records of inactive minor patients will be stored until their eighteenth birthday.

### **Collections**

If we use or disclose your PHI for collections purposes, we will do so only in accordance with the law.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

- You have a right to inspect and copy your protected health information. However, I may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.
- You have a right to request an amendment of protected health information about you. If I deny your request for amendment, you have the right to file a statement of disagree with me and your medical record will note the disputed information.
- You have a right to an Accounting of Disclosures that I may have made for purposes other than treatment, payment or healthcare operation. It excludes disclosures I may have made to you, for a facility director, to family members or friends involved in your care, or for notification purposes
- You have the right to request a restriction or limitation on the use or disclosure of your protected health information for treatment, payment, or health care operations. We are not required to agree to your request.
- You have the right to request that your provider communicate with you about your health information in a certain way or at a certain location. The provider may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.
- You have the right to a copy of this notice.

## **COMPLAINTS**

If you believe that I have violated your privacy rights, you have the right to file a complaint in writing with me or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201 or by calling (202) 619-0257. You may file a complaint without fear of retaliation.

## **Texas Health and Safety Code Sec 181.154 Requires**

### **NOTICE AND AUTHORIZATION FOR ELECTRONIC DISCLOSURE OF PROTECTED HEALTH INFORMATION;**

a) A covered entity shall provide a notice to an individual for whom the covered entity creates or receives protected health information if the individual's protected health information is subject to electronic disclosure. A covered entity may provide general notice by: (1) posting a written notice in the covered entity's place of business;

b) May not electronically disclose an individual's protected health information to any person without a separate authorization for the individual or the individual's legally authorized representative for each disclosure. An authorization for disclosure under this subsection may be made in written or electronic form or in oral form if it is documented in writing by the covered entity.

c) The authorization for electronic disclosure of protected health information described by Subsection (b) is not required if the disclosure is made: to another covered entity, as that term is defined by 181.001, or to a covered entity, as that term is defined by Section 602.001, Insurance Code, for the purpose of:

A) Treatment;

B) Payment;

C) Healthcare operations; or

D) Performing an insurance or health maintenance organization function described by Section 602.053, Insurance Code; or as otherwise authorized or required by state or federal law

If you have any further questions regarding HIPAA you may visit [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) or call directly 1-866-627- 7748 or email questions to [ocrprivacy@os.dhhs.gov](mailto:ocrprivacy@os.dhhs.gov)

**I have read the Confidentiality and HIPAA Notice of Privacy Policy for Kelly M. McCabe, LPC-S, LMFT-S, PLLC, and have no further questions or concerns at this time.**

Client(s) Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_