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**Health Insurance Portability and Accountability Act (HIPAA) -
PRIVACY NOTICE**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this Privacy Notice, “medical information” and “psychological information” mean the same as “health information.” Health information includes any information that relates to:

- 1) your past, present, or future physical or mental health or condition;
- 2) providing health care to you; or
- 3) the past, present, or future payment for your health care.

Protecting Your Privacy

Mental health professionals must always manage mental health records with great concern for privacy and confidentiality. We are required by law to protect the privacy of your health information. This means that we will not use or disclose your health information without your authorization except in the ways we tell you in this notice.

If we wish to use or disclose your health information in ways other than those stated in this notice, we will ask you for your written authorization. If you give such an authorization, you may revoke it at any time, but we will not be liable for uses or disclosures made before you revoked your authorization.

Although the security of mental health records has continuously been addressed by Professional Codes of Ethics as well as by State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of HIPAA and your rights concerning privacy and your mental health records.

Who will observe these rules?

In our practice, the following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapist
- Any billing agency or collection agency that handles information about you (name and address, diagnostic codes, treatment codes, and consultation dates...but not actual clinical records)

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU:

1. **The Right to Inspect and Obtain a Copy of Your Mental health Record**

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways:

1) The Clinical Record (required), which includes the date of your consultations, your reasons for seeking therapy, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, and any reports to your insurance carrier; and **2) Psychotherapy Notes** (optional), which consist of specific content or analyses of therapy conversations (some of which may include sensitive information you have revealed that is not required to be included in your Clinical Record) and therapist's notes that may assist in treatment. Psychotherapy Notes are kept separate from your clinical record in order to maximize privacy and security.

You have the right to inspect and to receive a copy of your Clinical Record. Viewing your record is best done during a session, however, rather than on your own, in order to clarify any questions you might have at the time. We require that such a request must be submitted to our office in writing, and we charge a nominal fee for accessing and photocopying a patient's record. Psychotherapy Notes, however, if created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking a session's many details – details that are far too specific to be entered in the Clinical Record. If your case manager or insurance company requests to see the psychotherapy notes, you have a choice about consenting (signing a Release of Information form) or denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance company or HMO is obliged to provide payment, as usual.

2. **The Right to Request a Correction or Add an Addendum to Your Mental health Record**

Correction: If you believe there is an inaccuracy in your clinical record, you may request a correction in writing. If the information is accurate, however, or it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case, you will receive an explanation in writing, with a full description of the rationale. Additionally, you may request to place a copy of your written disagreement in your records. **Addendum:** You also have the right to make an addition to your record, if you think that it is incomplete.

3. **The Right to an Accounting of Disclosures of Your Mental health Information to Third Parties**

You have the right to know if, when, and to whom your mental health information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of disclosures, as you would have signed consent forms allowing them (e.g., to other psychotherapists, primary care physicians, specialists, etc.). This accounting must extend back for a period of six years.

4. **The Right to Request Restrictions on How Your Information is Used**

You have the right to request restrictions on certain uses or disclosures of your mental

health information, beyond what the law requires. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. We do not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, and other exceptions specified in this notice.

5. **The Right to Request Confidential Communications**

You have the right to request that your therapist communicate with you about your treatment in a certain manner, or at a certain location. For example, you may prefer to be contacted at work, instead of home, or on a cellular telephone, to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office box, or at some other address. We prefer you submit such requests in writing, and be specific with respect to how/when/where to contact you.

6. **The Right to a Copy of This Notice Upon Request**

You have the right to request and obtain a copy of this Notice of Privacy Practices.

7. **The Right to Withdraw Permission to Disclose Health Information**

You have the right to withdraw permission you have given us to use or disclose health information that identifies you, unless we have already taken action based on your permission. In order to take effect, your request to withdraw permission must be submitted to our office in writing.

8. **The Right to File a Complaint**

You have the right to file a complaint if you believe your privacy rights have been violated. Complaints must be filed in writing, and may be addressed directly to your therapist, or to the Secretary of the Department of Health and Human Services (address: Office for Civil Rights, 200 Independence Ave., S.W. Washington, DC 20201). If you have any questions or concerns about this notice or your health information privacy, please do not hesitate to address them during session or contact our office by telephone (office: 214-755-6119).

9. **Right to be Notified in There is a Breach of Your Unsecured PHI**

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

10. **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket**

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For Treatment:

We will access your record and use mental health information about you to assist in the continuity of your treatment and services. We will not share this information with other health care professionals, however, unless you specifically request it or agree to it, and sign a consent form to that effect.

As Required by Law:

It is possible (but unlikely) that the Department of Health and Human Services may review how our office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as a part of providing evidence of compliance. Additionally, we may be required by law to may disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

Limits to Confidentiality:

There are circumstances when a clinician may break confidentiality, or is required to break confidentiality and thus disclose your mental health information. This is accounted for under section 164.512 of the Privacy Rule and the state’s confidentiality law. If a therapist believes you are the victim of abuse or neglect, or perceives you to be a danger to yourself or others, he/she may disclose health information about you to the appropriate agency or individual (e.g., government agency, police, family members, relevant healthcare providers who may assist in taking protective action). Please refer to our Therapy Contract and Office Policies for a more detailed description of the limits of confidentiality. Should such a circumstance arise, we will make every reasonable effort to discuss with you our ethical or legal obligations to disclose confidential information before doing so. If your university or college is paying for your sessions, they will have access to some information such as dates of service, and the school may be contacted in case of emergency.

Business Associates:

Our office may contract with a billing agency or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency, requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Changes to this notice:

Please note that this privacy notice may be revised from time to time. We will notify you of changes in the laws concerning your privacy and rights as we become aware of these changes. In the meanwhile, please do not hesitate to raise any questions or concerns you might have about your confidentiality.

I have read this document, and I have been given the opportunity to ask any questions and to have my questions answered. I understand the limits described in this Notice of Privacy Practices, and accept the limitations as described.

Client Signature

Date