

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

The following is the Notice of Privacy Practices of The Courageous You PLLC, PO Box 762, Missouri City, TX 77459. HIPAA is a federal law that requires me to maintain the privacy of your protected health information (PHI) and to provide you with notice of my legal duties and privacy policies with respect to your protected health information. We are required by law to abide by the terms of this Notice of Privacy Practices.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *National Association of Social Workers (NASW) Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we may use and disclose your PHI. The examples provided serve only as guidance and do not include every possible use or disclosure. All such disclosures will be made in accordance with federal and state requirements and regulations.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. Your PHI may be used or disclosed in order to receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: determining eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. Your PHI may be used or disclosed, as needed, in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, your PHI must be disclosed to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As licensed mental health practitioners in the State of Texas it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. Your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. Your PHI may be disclosed pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. Your PHI may be disclosed regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. Your PHI may be used or disclosed in a medical emergency situation to medical personnel only in order to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. Information may be disclosed to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, your PHI may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. Your PHI may be disclosed to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar

document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. Request may be reviewed from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, your PHI may be used or disclosed for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. Your PHI may be disclosed if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. You may receive fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. Your information may also be used or disclosed to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

PROGRESS NOTES AND PSYCHOTHERAPY NOTES

Progress Notes. Considered part of your official record and access does not require a specific authorization. Progress notes include the following information: symptoms, clinician assessment, diagnosis, and treatment. Progress notes also include information related to medication prescription monitoring, modalities and frequencies of treatment furnished, results of clinical tests, and a summary of your functional status, prognosis and progress to date.

Psychotherapy Notes. 45 CFR § 164.501 defines psychotherapy notes as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes may include

medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Individuals have no access rights to psychotherapy notes, as they are an exception to the Privacy Rule.

We will obtain authorization from you for any use or disclosure of psychotherapy notes, except:

- (i) To carry out treatment, payment or healthcare operations, when:
 - (A) We use the psychotherapy notes directly for you for treatment;
 - (B) We use or disclose psychotherapy notes to defend myself in a legal action or other proceeding brought on by you; or

- (ii) If a use or disclosure is: required by the Secretary to investigate or determine my compliance with the Privacy Rule (§ 164.502(a)(2)(ii)); required by law (§ 164.512(a)); for health care oversight activities authorized by law with respect to the originator of the psychotherapy notes (§ 164.512(d)); to provide information to coroners and medical examiners for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law (§ 164.512(g)(1)); or to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if the disclosure is consistent with applicable law and to a person or persons reasonably able to prevent or lessen the threat, including to the target of the threat (§ 164.512(j)(1)(i)).

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to The Courageous You PLLC at PO Box 762, Missouri City, TX 77459.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You may be charged a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI about you is incorrect or incomplete, you may ask to have the information amended, although agreement to the amendment is not required. If your request for an amendment is denied, you have the right to file a statement of disagreement with this practice. A rebuttal to your statement may be prepared, and you will be provided with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Agreement to

your request is not required unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, your request for a restriction must be honored.

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. Reasonable requests will be accommodated. Information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request may be required. You will not be asked for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, notifying you of this breach may be required, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with The Courageous You PLLC at PO Box 762, Missouri City, TX 77459, or with the Civil Rights Office, Health and Human Services Commissions at 701 W. 51st Street MC W206, Austin, TX 78751, or by calling (512.438.4313) or toll-free at (888) 388.6332. **You will not be retaliated against for filing a complaint.**

The effective date of this Notice is January 2023.