

ADD Austin
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Notice of Privacy Practices

This notice tells you how ADD Austin makes use of your health information, how we might disclose your health information to others, and how you can get access to the same information. The practices outlined below are in compliance with Texas laws and federal regulations under the Health Insurance Portability and Accountability Act (HIPAA).

Feel free to ask for clarification about anything you do not understand. Your privacy is very important, and we want to do everything we can to protect it. *Please review this notice carefully.*

Use and Disclosure of Protected Health Information (PHI)

ADD Austin may use or disclose your *protected health information (PHI)* for the purposes of *treatment, payment, and health care operations* with your *consent*. To help you understand these terms, here are some definitions:

- *PHI* refers to individually identifiable health information regarding you.
- *Treatment* is when we provide, coordinate or manage your mental health care and other services related to your mental health care. An example of disclosure of your PHI would be when your psychologist consults with another of your health care providers such as your psychiatrist or family physician.
- *Payment* is when your caregiver obtains reimbursement for services provided. Since ADD Austin does not take payments from third parties such as insurance companies, this is unlikely to apply to you. It may be applicable, however, if someone else is paying for your treatment (e.g., a parent). In such cases, ADD Austin may be releasing some of your PHI to obtain payment.
- *Health Care Operations* are activities that relate to the performance and operation of ADD Austin. Examples include: administrative activities such as scheduling appointments; auditing accounting procedures; and providing care coordination and supervision.
- *Use* applies only to activities within the office such as sharing, employing, applying, utilizing, examining, or analyzing your PHI.
- *Disclosure* applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.
- *General Consent* allows ADD Austin to use PHI for treatment, payment, and health care operations. You will be giving your general consent when you sign the *Notice of Privacy Practices Consent Form*.

Uses and Disclosures of PHI That Require Your Authorization

With certain exceptions (noted below), ADD Austin may not use or disclose PHI for purposes other than treatment, payment, and health care operations unless your authorization has been obtained. An *authorization* is written permission above and beyond the *general consent*. ADD Austin will obtain an authorization from you before releasing your PHI for purposes other than that of treatment, payment, and health care.

ADD Austin will also need to obtain an authorization from you before releasing your psychotherapy notes. *Psychotherapy notes* are notes that your clinician may keep about conversations that occur during a private, group, joint, or family therapy (counseling) session. These notes are kept separate from the rest of your health record and are given a greater degree of protection than PHI.

ADD Austin will not use your protected health information (PHI) in any marketing, development, public relations, or related activities without your written authorization.

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) ADD Austin may have 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. Since ADD Austin does not take payments from insurance companies, the latter exception may not apply to you.

Uses and Disclosures of PHI Without Your Consent or Authorization

State and/or federal laws permit or require the use or disclosure of PHI *without* your consent or authorization in the following circumstances:

- ***Child Abuse:*** If your clinician at ADD Austin has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, he/she must make a report within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- ***Adult & Domestic Abuse:*** If your clinician at ADD Austin has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, he/she must immediately report to the Texas Department of Protective and Regulatory Services.
- ***Serious Threat to Health or Safety:*** If your clinician at ADD Austin determines 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, he/she may disclose relevant confidential mental health information to medical or law enforcement personnel.
- ***Health Oversight:*** If you file a complaint against ADD Austin or your clinician at ADD Austin to the State Board of Examiners of Psychologists, that board has the authority to subpoena confidential mental health information relevant to the complaint.
- ***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 Texas state law, and ADD Austin will not release information without written authorization from you or your personal or legally appointed representative, or a court order. This privilege does not apply when you are being evaluated pursuant to a court order.
- ***Worker's Compensation:*** If you file a worker's compensation claim, your clinician at ADD Austin may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

Your Rights as a Client/Patient:

- ***Right to Request Restrictions:*** You have the right to request restrictions on certain uses and disclosures of protected health information (PHI) about you. Your clinician at ADD Austin is not, however, 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 alternative locations. For example, you may not want a family

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member to know that you are a client here. Upon your request, ADD Austin will send correspondence to another address. Since the administrative staff of ADD Austin often use PHI to remind clients of appointments, you will need to tell the front office staff if you prefer that we not use a particular number for reminder calls.

- **Right to Inspect and Copy:** You have the right to inspect or to obtain a copy (or both) of PHI and psychotherapy notes in your mental health records used to make decisions about you for as long as the PHI is maintained in the record. ADD Austin may charge you a reasonable, cost-based fee for making copies. Your clinician at ADD Austin may deny you access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, your clinician at ADD Austin 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. Your clinician at ADD Austin may deny your request. Upon your request, your clinician will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of those disclosures of PHI for which you have neither provided consent nor authorization (as described above). This can go back as far as six years, but not before April 14, 2003. On your request, your clinician at ADD Austin will discuss with you the details of the accounting process.
- **Right to Paper Copy:** You have the right to a paper copy of this *Notice* upon request.

ADD Austin's Rights and Duties:

- ADD Austin is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ADD Austin reserve the right to change the privacy practices and procedures described in this notice as long as such changes are permitted or required by law. Unless we notify you of such changes, however, ADD Austin is required to abide by the terms currently in effect.
- If ADD Austin revises its privacy practices and procedures, you will be provided with a revised copy of this notice. A revised copy will be given directly to you at your next visit following such revisions or will be sent to you by mail.

Complaints: If you are concerned that anyone at ADD Austin has violated your privacy rights, or you disagree with a decision that has been made about access to your records, you may discuss this with Roberta Tsukahara, Ph.D. (owner of ADD Austin) directly.

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

Brief Summary: When you sign the *Notice of Privacy Practices Consent Form*, you will be consenting to the use and disclosure of your PHI for the purposes of treatment, payment, and health care operations only. ADD Austin must obtain your written authorization to use or disclose information regarding your PHI for any other purposes. There are a few exceptional situations (for example, to report abuse or neglect) in which ADD Austin is permitted or required to release PHI whether or not you authorize us to do so. As a client/patient, you have several rights related to the access of your records.

This notice takes effect on October 16, 2007 and will be in effect until ADD Austin replaces it.

When you have finished reading this notice, please sign the *Notice of Privacy Practices Consent Form*.

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This form is an agreement between you, _____, and your clinician at ADD Austin. When the word “you” is used below, it will mean your child, relative, or other person if you have written his/her name here: _____.

When your clinician interviews, diagnoses, treats, tests, or refers you, he/she will be collecting what federal law calls protected health Information (PHI) about you. He/she needs to use this information to decide what treatment is best for you and to provide that treatment

By signing this form you are agreeing to let your clinician at ADD Austin use your information and to send it to others. The *Notice of Privacy Practices* that you just read explains in more detail your rights and how your clinician may or may not use and share your information. Please read the *Notice* carefully before you sign this *Consent* form.

If you do not sign this Consent Form agreeing to what is in the Notice of Privacy Practices, you cannot receive services at ADD Austin.

If you are concerned about some of your information, you have the right to ask your clinician to restrict the use or disclosure in certain ways. You will have to tell him/her your preferred restrictions in writing. Although he/she will try to respect your wishes, he/she is not required to agree to restrictions if they would interfere with treatment, payment, or health care operations. If your clinician does agree, however, he/she will comply with your request.

After you have signed this *Consent*, you have the right to revoke it in writing, and ADD Austin will comply from that date forward. However, we may already have used or shared some of your information prior to the date you revoke this *Consent*.

Signature of client or client’s representative

chanDate

Printed name of client or client’s representative

Relationship to client

Description of client’s representative’s authority

Copy given to client/parent/representative