

Janet Adams MS, Licensed Marriage and Family Therapist Associate
Hope for Individuals, Couples and Families
11107 McCracken Circle Unit D
Cypress, Texas 77429
281-772-4562
(Supervisor: Ms. Catherine King, MS, LMFT-S, LPC-S
832-740-2974)

HIPAA 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.

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 I may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*.

I am 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. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

Notification of Policy

According to the Federal Law, *Health Insurance Portability and Accountability Act of 1996* (HIPPA) *Public Law 104-191*, this web site and office is required to inform you of your rights in protecting your health information, how we will handle your health information, and my Policy on Client Confidentiality. This law requires me to obtain written confirmation that you have received my Policy on Client Confidentiality. Please print the last page of this form, sign it and bring it to first session. If you cannot print this form one will be provided at the first session.

Confidentiality

Information will not be disclosed to any party without a signed consent to exchange information except as listed below in **Exceptions: Client Information Not Protected by Confidentiality**.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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. I may disclose PHI to any other consultant only with your authorization.

For Payment. I may use and disclose PHI so that I can provide the necessary information for your insurance carrier, explaining the treatment services you received. This will only be done with your authorization. Examples of payment-related activities are: making a determination of 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.

For Communication with you. When I need to contact you by telephone I will use the phone numbers you have given me on the signature form to do this. If you want us to communicate by email, I will use the email address that you have authorized me to use. I cannot guarantee privacy because of the nature of the internet.

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

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse, elder abuse neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department).
- Required by Court Order 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.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your treatment will not be affected if you choose to not sign an authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me.

- **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 may be 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.

- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI.
- **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. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

File a complaint if you feel your rights are violated

As a LMFT Associate, it is my practice to conduct therapy with a high standard of ethical practice. If at any time you feel this standard has been breached I would appreciate you bringing it to my personal attention so that I may address the issue and offer any reasonable corrections.

The Law requires me to inform you of agencies in which complaints may be filed if you believe I have acted in an unethical way. The LMFT state board has ethical standards that are to be upheld to insure that LMFT professionals are held accountable for their actions; behavior, abuse and neglect.

- You can complain if you feel we have violated your rights by contacting:

1. If you believe a mental health professional (or any health professional) violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy or Security Rule, you may file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, S.W.,

Washington, D.C. 20201

1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

2. If you believe a Licensed Marriage and Family Therapist or Licensed Professional Counselor violated a licensing requirement, you may file a complaint with:

**Texas Department of State Health Services
Complaints Management and Investigative Section**

P.O. Box 141369

Austin, Texas 78714-1369

Voice Phone: 1-800-942-5540

3. If you believe a member of the American Association for Marriage and Family Therapy (AAMFT) violated an ethical provision of AAMFT, you may obtain a complaint packet by contacting:

American Association for Marriage and Family Therapy

Ethics Department

Voice Phone: 703-838-9808

E-mail: Ethics@aamft.org

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**I acknowledge receipt of Janet Adams MS, LMFT Associate HIPAA NOTICE OF
PRIVACY PRACTICES:**

Patient Name: _____ **Date:** _____

Patient Name: _____ **Date:** _____

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Patient Name: _____ **Date:** _____