

TEXAS NOTICE FORM
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Notice of Counseling Policies and Practices to Protect the Privacy of Your Health Information
Positive Pathways Counseling

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult another health care provider, such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within the confines of the Positive Pathways Office located at 1902 Central Drive, Ste 309, Bedford, TX, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

“Disclosure” applies to activities outside of the Positive Pathways office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Positive Pathways may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You can also find a resend consent line at the bottom of the Positive Pathways Consent to Release Information Form. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provided the insurer the right to contest the claim under the policy. Positive Pathways does not currently contract with insurance companies but will provide a superbill or statement to you in the manner you prefer.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

Positive Pathways may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your therapist has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, they must make a report of such within 48 hours to the Texas Department of Family and Protective Services, Texas Child Protective Services (CPS.)
- **Adult and Domestic Abuse:** If your therapist has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, they must immediately report such to the Texas Department of Family and Protective Services, Texas Adult Protective Services (APS).
- **Health Oversight:** If a complaint is filed against Whitney Scheef, MA, LPC or Positive Pathways with the Texas State Board of Examiners of Professional Counselors, they have the authority to subpoena confidential mental health information from Positive Pathways 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 state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If I determine 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, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker’s Compensation:** If you file a worker’s compensation claim, I may disclose records relating to your diagnosis and treatment to your employer’s insurance carrier. Positive Pathways does not currently work with insurances for workers compensation claims.

IV. Patient’s Rights and Licensed Professional Counselor’s Duties

- **Right to Request Restrictions** — You have the right to request restrictions on certain disclosures of PHI about you.
- **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 at alternative locations. (For example, you may not want a family member to know that you are seeing a counselor. Upon your written request, I will send your bills to another address. You also may not wish your statements be provided via email, Positive Pathways offers this service upon request. All emails associated with Positive Pathways are encrypted and secure, however we cannot ensure the security of the recipient’s email address.)

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Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

IV. Patient's Rights and Psychologist's Duties Patients' Rights (continued):

- Right to Inspect and Copy — You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes (if any were kept) in the Positive Pathway file that serves as a record of your mental health services and billing statements used to make decisions in your treatment for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend — You have the right to request an amendment (but not a deletion) from their PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting — You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- Right to a Copy of Your Record — You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

In addition, as of the HIPAA Final Rule (enforceable as of September 23, 2013), patients' rights include:

- **Right to restrict certain disclosures of Protected Health Information (PHI) to a health plan — You have the right to restrict certain disclosures of Protected Health Information to a health plan if the patient pays out-of-pocket in full for the health care service;**
- Right to Notification following a Breach of unsecured PHI — You have the right to be notified following a breach of their unsecured PHI (the patient should provide their counselor with the mail address at which they prefer to be notified);
- Right to written authorization for release of PHI for uses and disclosures that are not described in your privacy notice. You must sign an authorization before I can release your PHI for any uses and disclosures not described in this Privacy Notice.

Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a copy either in person at your next appointment or upon request through the mail.

V. Questions and Complaints

- If you have questions about this notice, disagree with a decision I have taken about access to your records, or have other concerns about your privacy rights, you may contact Whitney Scheef, MA, LPC via telephone call by calling 682-206-9205.
- If you believe that your privacy rights have been violated and wish to file a complaint with Whitney Scheef, MA, LPC or Positive Pathways, you may send a written complaint to the Texas State Board of Examiners of Professional Counselors at Mail Code 1982 P.O. Box 149347, Austin, Texas 78714-9347 or telephone (512) 834-6658.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

In January 2013, the U.S. Department of Health and Human Services (HHS) issued the long awaited final omnibus rule (Final Rule) implementing the Health Information Technology for Economic and Clinical Health (HITECH) Act Modifications to the Privacy Rule and other rules under the Health Insurance Portability and Accountability Act (HIPAA). Psychologists, counselors and other covered entities (CE) and business associates must comply with the requirements of the Final Rule by Sept. 23, 2013. Under this act, Individual rights are expanded in important ways. Patients can ask for a copy of their electronic medical record in an electronic form. When individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan. The final omnibus rule sets new limits on how information is used and disclosed for marketing and fundraising purposes and prohibits the sale of an individuals' health information without their permission.

X

Client

X

Date Signed

X

Whitney Scheef, MA, LPC
Licensed Professional Counselor Witness

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Date Signed