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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. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA)

I. Protected Health Information (PHI)

I am required to provide you with this Notice about my privacy procedures to protect your PHI since I am required by law to insure that your PHI is kept private. PHI is information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, and about the provision of health care services to you, or the payment for your health care. This Notice explains when, why, and how I would use and/or disclose your PHI in accordance with applicable law. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or reveal it to a third party outside my practice. Except in a few instances, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. This notice also describes your rights regarding how you may access and control your PHI. I am always legally required to follow the privacy practices described in this Notice.

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 with another health care provider, such as your family physician, social worker, therapist, psychologist, or psychiatrist.
 - *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 my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 an 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 may have made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

I will also need your appropriate authorization for most uses and disclosures of PHI for marketing purposes including subsidized treatment communications, for disclosures that constitute a sale of PHI, and for other uses and disclosures not described in this privacy notice.

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) I 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.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I have cause to believe that a child (18 years old or younger) has been, or may be, abused, neglected, or sexually abused, I must by law make a report of such 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 and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Abuse by a Therapist:** If I have cause to believe that you have been the victim of sexual exploitation by a mental health professional during the course of treatment, I will report this to the appropriate State Examining Board. Your name does not need to be disclosed.
- **Health Oversight:** If a complaint is filed against me with the appropriate State Board overseeing me – The Texas State Board of Examiners of Psychologists - they have the authority to subpoena confidential mental health information from me relevant to that 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.
- **To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. For instance, I may share your PHI with your insurance company in order to obtain payment for the health care services that I have provided. I may also provide it to business associates, such as billing companies, claims processing companies, and others that process health care claims for my practice.
- **For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. For instance, I may provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- ***Right to Request Restrictions*** –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request, 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. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- ***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 me. Upon your request, I will send information to another address.) I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You will receive a response from me within 15 days of me receiving your written request. I may deny your access to PHI under certain circumstances. If I do, I will give you, in writing, the reasons for the denial and, per your request, I will discuss with you the details of the request and denial process. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you no more than \$.25 per page. I may provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- ***Right to Amend*** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. I may deny your request, in writing, if I find that: the PHI meets any of the following criteria: (a) it is correct and complete, (b) it is forbidden to be disclosed, (c) it is not part of my records, or (d) was written by someone other than me. My denial must be in writing and must state the reasons for the denial. It

must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

- *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. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- *Right to a Paper or Email Copy* – You have the right to obtain an email copy of this notice as well as a paper copy of this notice from me upon request.

Psychologist'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 at any time as permitted by law. 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 a revised copy at your next visit. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and provide you a copy.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, talk to me about these concerns.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will not take retaliatory action against you.

VI. Notification of Breaches

VII. NOTIFICATIONS OF BREACHES

In the case of a breach, I M. Leonor Diaz, Ph.D., am required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, I, M. Leonor Diaz, Ph.D., am ultimately responsible for providing the notification directly or via the business associate. I bear the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VIII PHI After Death

Generally, PHI excludes any health information of a person who has been deceased for more

than 50 years after the date of death. I may disclose PHI regarding deceased individuals according to state law, or to non-family members, as well as family members, who were involved in the care or payment for healthcare of the deceased prior to death, based on your prior consent. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.

IX Individuals' Right to Restricted Disclosure; Right of Access

I, M. Leonor Diaz, Ph.D., am required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. I am not required to create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers will use a method to flag restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.

I, M. Leonor Diaz, Ph.D. am also required to provide an electronic copy of PHI to any individual patient who requests it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that I must provide you only with an electronic copy of PHI, not direct access to the electronic health record systems. The 2013 Amendments also give you the right to direct me, to transmit an electronic copy of PHI to an entity or person designated by the you. Furthermore, the amendments restrict the fees that I may charge you for handling and reproducing PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). I need to respond to your request within 15 days.

XI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect today. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice at your next visit, if a revision is made.

I acknowledge receipt of this notice,

Client Name: _____ Date: _____ Signature: _____

Revised 1/10/2019