

Notice of Privacy Practices
His Story Coaching and Counseling
Effective August 20, 2016

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

I am required to maintain the privacy of your protected health information (PHI) and to provide you with notice of your privacy rights and my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this notice with respect to your PHI but reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain, including PHI obtained prior to the changes. Changes to this privacy practice will be posted in the waiting room of His Story for the main office and in the counseling offices for other His Story locations.

UNDERSTANDING YOUR PERSONAL HEALTH INFORMATION

Each time you visit our office a record of your visit is made. Typically, this record contains your basic information, concerns, therapy notes, and a plan for future care or treatment. This information serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health professionals who contribute to your care.
- Legal document describing the care you received.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

USES AND DISCLOSURES

Your written authorization is required before I can use or disclose my psychotherapy notes which are defined as my notes documenting or analyzing the content of our conversations during our counseling sessions. Psychotherapy notes do not include, counseling session start and stop items, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: functional status, the treatment plan, symptoms, prognosis and progress to date. It is my policy to protect the confidentiality of your PHI to the best of my ability and to the extent permitted by law. There are times however, when use or disclosure of your PHI including, psychotherapy notes, is permitted or mandated by law even without your authorization.

A. Permissible Uses and Disclosures WITHOUT Your Written Authorization

Some of the situations where I am not required to obtain your consent or authorization for use or disclosure of your PHI psychotherapy notes include the following circumstances. List is not exhaustive, but is intended to provide you with examples:

1. Treatment: I may use and disclose your PHI in order to provide treatment to you or to consult with other health care providers about treatment. *For example:* Information obtained by me will be recorded in your record and used to determine the course of treatment that should work best for you. I will document in your record our work together and when appropriate I may provide another health care provider or subsequent counselor with copies of various reports that should assist him or her in treating you. If you are referred to another counselor at His Story I will share your file with the counselor and may discuss your treatment plan for continuity of care.

- In the event of an emergency to any treatment provider who provides emergency treatment to you.
- Unidentifiable information. In order to provide high quality treatment, I may consult with another mental health profession about general issues involving your treatment to determine how to best treat you, however only unidentifiable information will be discussed for the purposes of giving you the best possible care.

2. Health Care Operations: I may use your PHI, I may disclose health information for the review of treatment procedures, review of business activities, certification, staff training, compliance and licensing activities.

3. Payment & Bookkeeping: I may use your PHI, not including psychotherapy notes, so that services you receive are billed to and payment is collected from your health plan. PHI, not including psychotherapy notes will be included in billing statements and/or receipts that you may choose to submit to your health care insurance. PHI, not including your psychotherapy notes, is seen by our office staff, potentially other counseling and coaching staff, and accountant for purposes of scheduling, bookkeeping, billing, and collection of payments by you.

- To business associates. Entities that assist with or conduct activities on my behalf, including individuals or organizations that provide legal, accounting, administrative, and similar functions. Business associates have knowledge of your identity and/or billing information as it relates to you receiving services at His Story, but do not access your psychotherapy notes. Business associates understand the importance of maintaining strict confidentiality and are trained in HIPPA. The privacy officer can provide you with a list of our business associates upon your request.
- Your demographic information and consent forms will be stored in our HIPPA compliant online Portal. Your accounting and billing information will be stored in our Quick books account.

4. Required or Permitted by Law: When required by law in so far as the use or disclosure complies with and is limited to the relevant requirement of such law.

Examples:

- To defend myself in a legal action or other proceeding brought by you against me.
- When required by the Secretary of the Department of Health and Human Services in an investigation to determine my compliance with privacy rules.
- To law enforcement to avert a serious threat to you or to others. For example, if you are suicidal or homicidal.
- To a public health authority or other government authority, such as CPS, authorized by law to receive suspected reports of abuse or neglect of children, elderly or disabled persons. If I reasonably believe an adult individual to be the victim of abuse, neglect or domestic violence, to a governmental authority, including a social services agency authorized by law to receive such reports to the extent the disclosure is required by or authorized by law or you agree to the disclosure and I believe in the exercise of my professional judgment disclosure is necessary to prevent serious harm to you or other potential victims. If I make such a report I am obligated to inform you unless I believe informing the adult individual will place the child or elderly person at risk of injury.

In the course of certain judicial or administrative proceedings – examples are:

- Child custody cases and other legal proceedings in which your mental health or condition is in issue are the kinds of suits in which your PHI may be requested.
- In compliance with a court order or court ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena or summons, a civil or an authorized investigative demand or similar process authorized by law provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the propose for which the information is sought and de-identified information could not reasonably be used.
- To a law enforcement official if I believe in good faith that the PHI constitutes evidence of criminal conduct that occurs on my premises,
- To military or national security agencies, a coroner, medical examiner, and correctional facilities or otherwise when required by law.
- Disclosures for research when approved by an institutional review board.
- Using my best judgment, to a family member, other relative or close personal friend or any other person you identify as an emergency contact (note you don't have to identify an emergency contact), I may disclose PHI that is relevant to that person's involvement in your care or payment related to your care.

B. Uses and Disclosures Requiring Your Written Authorization:

1. Psychotherapy Notes: Psychotherapy notes, as discussed above including the contents of discussions in your therapy sessions, will not be released without your written permission, except when required as outlined above.

2. Marketing & Fundraising: Your PHI will not be used by myself or His Story for marketing or fundraising, without your written consent.

3. Other Uses & Disclosures: Uses and disclosures, except as those listed above, will require your written authorization. For example, disclosures to a school or your lawyer will require you to fill out a written release of information form. You may revoke the authorization in writing at any time, but this will not apply to information that has previously been released by your authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of this His Story Office, the information belongs to you. You have the following privacy rights:

- 1. Right to Request Restrictions.** You have the right to request restrictions on the use and disclosure of your PHI to carry out treatment. Your request must be submitted in writing to the privacy officer. You should note that I am not required to agree to be bound by any restrictions that you request but am bound by each restriction that I do agree to.
- 2. Right to Inspect & Copy.** You have the right to request access your therapy records and billing records maintained by me in order to inspect and request copies of your records. Requests must be made in writing. I may deny access to all or part of records if I deem that such disclosure would be harmful to your or to someone else. You may request copies of your PHI by providing me with a written request for such copies. I will provide you with copies within ten business days (unless I am out of the office during that time) of your request at my

office. You will be charged \$.25 for each page copied and you will be expected to pay for the copies at the time you pick them up. If you are a parent or legal guardian of a minor, please note that certain portions of the medical record will not be accessible by you.

3. **Right to Request Amendment:** You have the right to request an amendment to your therapy record. You must submit your request in writing and state the reasons for the requested amendment. To amend your PHI upon your written request to me setting forth your reasons for the requested amendment. I have the right to deny the request if the information is incomplete or inaccurate or if the information has been created by another entity.

4. **Right to Accounting of Disclosures:** You have the right to upon your request receive an accounting of disclosures of your PHI made within the past 6 years
Disclosures that are exempted from the accounting requirement include the following:
 - Disclosures necessary to carry out treatment, payment and health care operations.
 - Disclosures made to you upon request.
 - Disclosures made pursuant to your authorization.
 - Disclosure made for national security or intelligence purposes.
 - Permitted disclosures to correctional institutions of law enforcement officials.You are entitled to one (1) accounting in any twelve (12) month period free of charge. For any subsequent request in a twelve (12) month period you will be charged \$.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.

5. **Right to Obtain Notice:** You have the right to receive a paper copy of this privacy notice.

6. **Right to Alternative Communications:** You have the right to request, and I will do my best to accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

7. **Right to Questions & Complaints:** You have the right to ask questions or wish to file complaint about the handling of your PHI to the privacy office, Dr. Matthew LaGrange at 4201 Pool Road Grapevine, TX 76051 or by phone at 817-906-1111. You may submit your complaint to me in writing setting out the alleged violation.
You may also file written complaints to the Office for Civil Rights of the U.S. Department of Health and Human Services if you believe your privacy rights has been violated. I will not retaliate against you for filing a complaint.

If you have any questions and would like additional information, you should bring this to my attention at the first opportunity. The designated Privacy Officer for this office, Dr. Matthew LaGrange, will be glad to respond to your questions or request for information. You may contact him at 4201 Pool Road Grapevine, TX, 76051, 817-906-1111 or Matthew@his-story.org. Please submit requests in writing.