

## TEXAS NOTICE FORM

### **Notice of Psychotherapists' Policies and Practices to Protect the Privacy of Your Health Information**

This notice describes how psychological and mental health information about you may be used and disclosed, and how you can obtain access to this information. **PLEASE REVIEW IT CAREFULLY.**

#### USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Next Play Wellness, PLLC 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.
- **"Use"** applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **"Disclosure"** applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.
- **"Treatment"** is when we provide, coordinate, or manage your health care and other services related to your health care (example: when we consult with another healthcare provider, such as your family physician, sports doctor, physical therapist, or another therapist).
- **"Payment"** is when we obtain reimbursement for your healthcare (example: when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility for coverage).
- **"Health Care Operations"** are activities that relate to the performance and operation of Next Play Wellness, PLLC (examples: when we conduct quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination).

#### HOW WE USE OR DISCLOSE YOUR HEALTH INFORMATION

**Treat you** - We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization** - We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**Bill for your services** - We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:**

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence if under the age of 18 or over age 65.
- Preventing or reducing a serious threat to anyone's health or safety

**Disclosures to Parents or Legal Guardians:** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Appointment Reminders:** We may use or disclose PHI to provide you with appointment reminders (such as voicemail or text messages). You have a right to request restrictions or limitations on the PHI we disclose and to specify a device.

## USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations only 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 we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

We will also need to obtain authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about your conversation during a private, group, joint, or family counseling session, which we 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 may not revoke an authorization to the extent that 1. We 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 with the right to contest the claim under the policy.

## USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

**Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must 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 we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services.

**Health Oversight:** If a complaint is filed against our clinicians with the Texas Behavioral Health Executive Council (BHEC), 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 we 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 we determine that imminent physical injury is probable by you to yourself or others, or immediate mental or emotional injury is probable to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

## PATIENT'S RIGHTS AND MY DUTIES

### Patients' Rights:

***Right to Request Restrictions:*** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not 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 at alternative locations. (For example, you may not want a family member to know that you are seeing one of our clinicians. Upon your request, we will send information to another address.)

***Right to Inspect and Copy:*** The laws and standards of our profession require that we keep your PHI in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in the presence of your clinician or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of 20 cents per page (and for certain other expenses). If we refuse your request for access to your records, you have a right to review, which we will discuss with you upon your request.

***Right to Amend:*** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we 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). At your request, we will discuss with you the details of the accounting process.

***Right to a Paper Copy:*** You have the right to obtain a paper copy of this notice from Next Play Wellness, PLLC upon request, even if you have agreed to receive the notice electronically.

**Our Responsibilities:**

- *We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.*
- *We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.*
- *We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.*
- *If we revise my policies and procedures, the new notice will be available upon request, in our office, and on our website.*

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**QUESTIONS AND COMPLAINTS**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please discuss these concerns with us.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

**EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY**

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. The new notice will be available upon request and on our website.