

Stonebriar Counseling Associates
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. Please review this notice carefully.

I understand that medical information about you and your health is personal, and I am committed to protecting medical information about you. I create a record of the care and the services that you receive at Stonebriar Counseling Associates (SCA). I need this record to provide you with quality care and to comply with certain legal requirements. Your health record contains personal information about you and your health. The information that may identify you relates to your past, present or future physical or mental health or condition and related health care services and 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. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of the legal duties and privacy practices with respect to PHI. I am required to abide by the terms of the Notice of Privacy Practices. I reserve the right to change the terms of the Notice of Privacy Practices at any time. Any revisions to the 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 upon request.

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 members.

For Payment: I may use and disclose PHI so that payment can be received for the treatment of services provided to you. At this time insurance is not accepted, a receipt will be provided for all payments received.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to quality assessment activities, employee review activities. Licensing, and conducting or arranging for other business activities.

Required by Law: Under the law, I must make disclosures of your PHI to you upon request.

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

***Child Abuse:** If I have cause to believe that a child was, or may be, physically or sexually abused, or neglected, I must make a report of such within 48 hours to the Texas Department of Family and Protective Services, or 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 being abused, neglected, or exploited, I must immediately report such to the Texas Department of Protective and Regulatory Services.

***Health Oversight:** If a complaint is filed against the therapist with the State Board of Examiners, the board has the authority to subpoena or court order confidential mental health information from me relevant to that complaint.

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***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. I will not release information without written authorization from you or your personal or legally appointed representative, a subpoena or a court order.

***Serious Threat to Health or Safety:** If it is determined 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, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

***Public Health:** I am required by law to cooperate or assist public health authorities in reporting certain communicable diseases, injuries, and vital events such as birth and death.

Verbal Permission: Your information may be used or disclosed to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding other PHI that is maintained about you. To exercise any of these rights, please submit your request in writing to SCA 704 E. 15th St Suite 104, Plano TX 75074 or at 972 943 0400.

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 to those situations where there is compelling evidence that access would cause serious harm to you or a minor client. There will be a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI about you is incorrect or incomplete, you may ask for it to be amended, 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 disclosures that I make of your PHI. I will charge you a reasonable fee if you request more than one accounting in any 12-month period.

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.

Rights to a copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS: If you believe your privacy rights have been violated, you have the right to file a complaint in writing to SCA 704 E. 15th St Suite 104, Plano TX 75074 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202 619 0257. In addition, a disclosure of your PHI must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining the compliance with the requirements of the Privacy Rules.

You will not be retaliated against for filing a complaint. The effective date of this notice is 12/11/2017