

## **Notice of Policies and Practices to Protect the Privacy of Your Health Info.**

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**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. IT CONTAINS SUMMARY INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). A FEDEARL LAW THAT PROVIDES PRIVACY PROTECTIONS AND PATIENT RIGHTS WITH REGARD TO THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI) USED FOR THE PURPOSE OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.**

**PLEASE REVIEW THIS INFORMATION CAREFULLY.**

### **1. Uses and disclosures for Treatment, Payment and Health Care Operations**

*Your counselor may use or disclose your protected health information (PHI) for treatment, payment and healthcare operations (TPO) 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.
- **TPO**
  - **Treatment** is when we provide, coordinate or manage your health care assessment and other related services. In addition to direct services, this might include things such as consultation with another health care provider, such as your family physician or a psychologist.
  - **Payment** – As your counselor is a direct employee of Dr. Monica M. Polonyi, all payment for services are made out in cash or check to Dr. Monica M. Polonyi, and not directly to the counselor.
  - **Healthcare Operations** are activities that relate to the performance and operation of the clinic. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and care coordination.
  - **Use** applies only to activities outside of the clinic, such as releasing, transferring, or providing access to information about you to other parties.

### **2. Uses and Disclosures Requiring Authorization**

Your counselor may use or disclose PHI for purposes outside of TOP 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 your counselor is asked for information purposes outside of TPO, an authorization form will be obtained from you before releasing this information. You may cancel all such authorizations at any time, provided each cancellation is in writing. You may not cancel an authorization after the information has already been released.

### **3. Uses and Disclosures with Neither Consent Nor Authorization**

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### PHI may be disclosed without your consent or authorization in the following circumstances:

- **Serious Threat to Health of 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, relevant confidential mental health information may be released to medical or law enforcement personnel.
- **Child Abuse:** If there is cause to believe that a child has been, or may be, abused, neglected, or sexually abused, your counselor must make a report of such within 48 hours to the Texas Department of Protective and Regularity Services, The Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If there is cause to believe that an elderly or disabled person is in a state of abuse or neglect, or exploitation your counselor must immediately report such information to the Texas Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against a counselor with the State Board of Examiners of Licensed Professional Counselors, the Board has the authority to subpoena confidential mental health information 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 records, such information is privileged (protected) under state law, and will not be released without written authorization from you or your personal or legally appointed representative, or a court order.
- **Worker's Compensation:** If you file a worker's compensation claim, records relating to your diagnosis and treatment may be disclosed to your employer's insurance carrier.

#### 4. Patient's Rights and Provider's Duties

##### Patient's Rights:

- **Rights to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, your counselor is 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, (EXAMPLE: You may want a family member to know that you are being seen by a counselor. Upon your written request, any communications may be sent / mailed to another address).

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- **Right to Inspect and Copy** – You have the right to inspect and/or obtain a copy of PHI in the counselor’s health records used to make decisions about you for as long as the PHI is maintained in the record. There is a small charge for copying a record. Your access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, your counselor will discuss with you in details of the request and review process.
- **Right to Amend** – You have the right to request an amendment of PHI as long as the PHI is maintained in the record. Your request may be denied, but this is also subject to review. Upon your request, your counselor will discuss with you the details of the request and review 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. On your request, your counselor 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.

### **Provider’s Duties**

- Your counselor is required by law to maintain the privacy of PHI and to provide you with notice of all legal duties and privacy practices with respect to PHI.
- Your counselor reserves the right to change the privacy policies and practices described in this notice. However, unless you are notified in writing of such changes, your counselor is required to abide by the terms currently in effect.
- If policies and procedures are revised, you will be provided with written notice either in person or by mail.

### **5. Complaints**

If you are concerned that anyone has violated your privacy rights, or you disagree with a decision regarding access to your records, you may contact your counselor, your counselor’s supervisor, Dr. Monica Polonyi, or the State Board of Examiners for Licensed Professional Counselors.

Contact information is available on the posted sign outside of the counseling office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person or agency listed above can provide you with the appropriate address upon request.

### **6. Effective State, Restrictions and Changes to Privacy Policy**

Your counselor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that are maintained. You will be provided with a revised notice in person or by mail prior to the reservations taking effect.