



## EMBRACING CHANGE

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE PRIVACY OF YOUR INFORMATION IS IMPORTANT TO US. PLEASE REVIEW IT CAREFULLY.

#### **OUR LEGAL DUTY**

We are required by federal and state law to maintain the privacy of your/your child's health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect on August 31, 2022, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we significantly change our privacy practices, we will change this Notice and create a new Notice available upon request.

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

1. We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations. 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 we provide, coordinate or manage your health care and other services related to your treatment. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health practitioner.
- *Payment* is when we obtain reimbursement for your healthcare.
- *Health Care Operations* are activities that relate to the performance and operation of our 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 Embracing Change, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Embracing Change, such as releasing, transferring, or providing access to information about you to other parties.

2. We may disclose to a family member, relative, a close personal friend of yours, or any other person identified by you, the health information directly relevant to such person’s involvement with your care or payment related to your health care.

3. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email. We may leave voice messages at the telephone number you provide and respond to your emails.

### **USES AND DISCLOSURES REQUIRING AUTHORIZATION**

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when the appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. When we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain authorization from you before releasing this information. We will also need to obtain authorization before releasing any therapy notes. “*Therapy notes*” are notes we have made about our conversation during a private, group, joint, or family therapy 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 therapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the authorization was obtained as a condition of obtaining insurance coverage. However, the law allows the insurer 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, sexually abused, or exploited, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, Child

Protective Services, the Texas Youth Commission, or any local or state law enforcement agency.

- **Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is suffering abuse, neglect, or exploitation, we must immediately report such to the Texas Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against us with the State Board of Examiners, the board has the authority to subpoena confidential mental health information from us relevant to both the client and the 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 court order. The privilege does not apply when you are being evaluated for/by 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 there is a probability of immediate mental or emotional harm to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer and employer's insurance carrier to process that claim.
- **Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at Embracing Change.

## PATIENT RIGHTS

- **Right to Request Restrictions:** You have the right to request restrictions on specific uses and disclosures of protected health information about you/your care. However, we are not required to agree to a restriction you request. In writing, you may revoke the authorization at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.
- **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.

- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but you may have this decision reviewed in some cases. Upon your request, we will discuss with you the details of the request and denial process.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice at any of by calling 469-209-9644.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. At your request, we will discuss with you the details of the amendment process. We may deny your request.
- **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 previously). At your request, we will discuss with you the details of the accounting process.

## CHANGES TO THIS NOTICE

Embracing Change may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you and any information we receive in the future. The effective date of the Notice is on the first page in the top right corner.

## QUESTIONS OR COMPLAINTS

For more information about our privacy policy or if you have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with our decision about access to your records, you may complain to us using the contact information listed at the end of this Notice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with that address to file your complaint upon request.

Contact Officer: Leah Cherner  
Telephone: 469-209-9644