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Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

1. Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations such as quality assessments and professional certification and licensures.

I have received, read, and understand the HIPAA Notice of Privacy Practices containing a more complete description of the uses and disclosures of my personal health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at the address above to obtain a current copy of the practices.

I understand that I may request, in writing, that the practitioner restricts how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand that the practitioner is not required to agree to my request for restrictions, but if she does so she agrees to be bound by such restrictions.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

### ***1. Uses and Disclosures of Protected Health Information***

Your protected health information may be used and disclosed by your mental health professional, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of this practice, and any other use required by law.

#### ***Treatment***

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that mental health professional has the necessary information to diagnose or treat you.

#### ***Payment***

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for services may require that your relevant protected health information be disclosed to your health plan.

#### ***Healthcare Operations***

We may use or disclose, as needed, your protected health care information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also call you by the name in the waiting room when we are ready to see you. We may use or disclose protected health information, as necessary to contact you to schedule, confirm, or remind you of your appointments.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: legal proceedings; public health issues as required by law; communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; law enforcement; coroners; funeral directors; organ donation; research; criminal activity; military activity; national security; and worker's compensation. Under the law, we must make disclosures to you and, when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

### ***2. Your Rights***

#### ***You have the right to inspect and copy your protected health information.***

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

#### ***You have the right to request restriction of your protected health information.***

This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and the persons to whom you want the restrictions to apply.

We are not required by law to agree to a restriction requested by you. If we believe that it is in your best interest to permit the use and disclosure of your protected health information, it will not be restricted. You then have the right to select another healthcare professional.

***You have the right to request to receive confidential communication from us*** by alternative means or an alternative location. You have the right to obtain a paper copy of this notice from us.

***You may have the right to have us amend your protected health care information.***

If we deny your request for an amendment, you will have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide a copy of any such rebuttal.

***You have the right to receive an accounting of disclosures we have made, if any, of your protected health information.***

We reserve the right to change the terms of this notice and will inform you in writing, in person, or by mail of any changes. You then have the right to object or withdraw as provided in this notice.

### ***Complaints***

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

In compliance with HIPAA guidelines, this notice became effective on April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objection to the contents of this form, please speak with us in person or by telephone at our office.