

NORTHEAST TEXAS CHILD ADVOCACY CENTER
NOTICE OF PRIVACY PRACTICES

This notice describes how your mental health records may be used and disclosed and how you can get access to this information. Please read it carefully.

INTRODUCTION

Northeast Texas Child Advocacy Center is required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and relates to the provision of health care or payment for the provision of health care for your past, present, or future physical or mental health or condition and related healthcare services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, obtain payment or perform our health care operations, and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Northeast Texas Child Advocacy Center is required to follow the terms of the Notice currently in effect. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

OUR PLEDGE

The privacy of your persona health information (PHI) is important to us. Your PHI includes, but is not limited, medical, dental, pharmacy, and mental health information. This notice describes our privacy practices. Our privacy practices must be followed by all of our employees and staff. This Notice tells you about the ways in which we may use and disclose you PHI. Also described are your rights and certain obligations we have regarding the use and disclosure of your PHI. We use and disclose your PHI in compliance with applicable state and federal laws.

HOW PHI ABOUT YOU MAY BE USED AND DISCLOSED

The following categories describe different ways that we use and disclose PHI. For each category of use or disclosure, an explanation of what is meant and some examples are provided. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

For Treatment. We may use or disclose your health information to provide and coordinate the mental health treatment and services you receive. For example, if your mental health care needs to be coordinated with the medical care provided to you by another physician, we may disclose your health information to a physician or other healthcare provider.

For Healthcare Operations. We may use and disclose your health information for certain operational, administrative and quality assurance activities, in connection with our healthcare operations. These uses and disclose are necessary to run the practice and to make sure that our patients receive quality treatment and services. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

For special purposes. We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise. **We are likely to use or disclose you PHI without your permission for the following purposes:**

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- **Disclosure 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.
- **Individuals Involved with Your Care or Payment for Your Care.** We may disclose PHI to a close personal friend or family member who is involved in our medical care or payment for your care.
- **Worker's Compensation.** We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Public Health.** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.
- **Health oversight activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.
- **Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
- **Judicial and administrative proceedings.** If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discover request, or other lawful process.
- **United States Department of Health and Human Services.** Under federal law, we are required to disclose you PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.
- **Research.** Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing you PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Coroners, medical examiners, and funeral directors.** We may release your PHI to assist in identifying a deceased person or determine a cause of death.
- **Organ or tissue procurement organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement or organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Notification.** We may use or disclose your PHI to assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.
- **Correctional institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person in the public. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

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- **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authorities.
- **National Security, Intelligence Activities, and Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, provision of protection to the President, other authorized persons or foreign heads of state, and other national security activities authorized by law.
- **As required by law.** We must disclose you PHI when required to do so by applicable federal or state law.
- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible alternative treatments, therapies, health care providers, or setting of care that may be of interest to you.
- **Health-Related Benefits and Services.** We may use or disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Appointment Reminders.** We may use or disclose PHI to provide you with appointment reminders. You have a right, as explained below, to request restrictions or limitations on the PHI we disclose. You also have right, as explained below, to request that information be communicated with you in a certain way or at a certain location.

Other Uses and Disclosures of PHI

Your Authorization. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). If you give us an authorization, you may revoke it by submitting a written notice to our office at the address listed below. Your revocation will become effective upon our receipt of your written notice. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Psychotherapy Notes. We will not use or disclose psychotherapy notes without your written authorization, and only as permitted by law. Texas makes no distinction between mental health records and psychotherapy notes. Individuals have a right to all records related to the provision of mental health care and treatment from a Covered Entity.

Marketing Health-Related Services. We will not use or disclose your PHI for marketing communications without your written authorization, and only as permitted by law.

Sale of PHI. We will not sale your PHI without your written authorization, and only as permitted by law.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changed Notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a change in our privacy practices, we will change this Notice and make the Notice available to you.

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YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your health information is not being protected. Providers and health insurers who are required to follow federal and state privacy laws must comply with the following rights:

The right to request restriction on certain uses and disclosures of your protected health information, which your counselor may or may not agree to. If the counselor does agree, such restrictions shall apply, unless our agreement is changed in writing.

The right to receive confidential communication, by an alternative means and at alternative locations.

The right to inspect and copy psychotherapy notes in your mental health record. However, access to you PHI may be denied under certain circumstances.

The right to amend material in your protected health information, although counselor may deny an improper request and/or respond to any amendment(s) you make to your record of care.

The right to a paper copy of notices/information from your counselor, even if you have previously requested electronic transmission of notices/information.

The right to revoke your authorization of your protected health information, except to the extent, that action has already been taken.

The right to notification in the Event of a Breach. You have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. We will provide notice to you as soon as is reasonable possible and no later than 60 calendar days after discovery of the breach and in accordance with federal and state law.

The right to File a Complaint. You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services, the Office of the Attorney General of Texas, or the Texas State Board of Examiners of Professional Counselors. We will provide the addresses to file your complaint. You have specific rights under the Privacy Rule. Retaliation against you for exercising you right to file a complaint will not be made.

If you have questions about this notice, disagree with a decision that is made about access to your records, or have other concerns about your privacy rights, you may contact the therapist.

EFFECTIVE DATE: MAY, 2016