



Updated Oct 2022, Notice of Privacy Practices
Purple Stone Counseling, PLLC

Health Insurance Portability Accountability Act (HIPAA)

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.

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and client 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. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this before the initial session. If you have any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-client privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information. We may disclose your PHI in response to a subpoena or other lawful process by someone involved in a dispute, but only after obtaining an order protecting the PHI requested.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them. For example, I may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations. These activities are necessary for the government to monitor our health care system, government programs and compliance with civil rights law.
3. For Specific Government Functions: For example, I may disclose PHI to military personnel and veterans in a certain situation or for national security reasons, such as protection of the President.
4. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
5. If a client files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier or an authorized qualified rehabilitation provider.



Updated Oct 2022, Notice of Privacy Practices
Purple Stone Counseling, PLLC

6. To coroners, medical examiners, and funeral directors: I may disclose your PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. I may also release PHI to funeral directors as necessary for them to carry out their duties.
7. For law enforcement purposes, including reporting crimes occurring on my premises. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a client's treatment:

1. If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Texas Department of Family and Protective Services Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
2. If I know or have reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the Texas Department of Family and Protective Services Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
3. If I believe that there is a clear and immediate probability of physical harm to the client, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the client.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

- **For Treatment** – I use and disclose your health information internally in the course of your treatment. If I wish to provide information outside of our practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- **For Payment** – I may use and disclose your health information to obtain payment for services provided to you as delineated in the Therapy Agreement.
- **For Operations** – I may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality. I may also use your information to tell you about services, educational activities, and programs that I feel might be of interest to you.

Client's Rights:

- **Right to Treatment** – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- **Right to Confidentiality** – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information



Updated Oct 2022, Notice of Privacy Practices
Purple Stone Counseling, PLLC

for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires us to share that information.

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advance and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.
- **Right to Amend** – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and I will decide if it is and if I refuse to do so, I will tell you why within 60 days.
- **Right to a Copy of This Notice** – If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process. An Accounting of Disclosures is a list of disclosures I have made of your PHI not relating to treatment, payment, health care operations, information provided to you or disclosures that you authorized, or for other authorized purposes described above. To request an Accounting of Disclosures, you must state the time period for which you would like an Accounting but such time period must be within the last six (6) years. One Accounting request within a twelve (12) month period will be free of charge. For additional Accountings, I may charge you a reasonable, cost-based fee if requested within twelve (12) months. I will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. I will respond to your request for an accounting of disclosures within 60 days of receiving your request.
- **Right to Choose Someone to Act for You** – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- **Right to Choose** – You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.
- **Right to Terminate** – You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.
- **Right to Release Information with Written Consent** – With your written consent, any part of your record can be released to any person or agency you designate. Together, I will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

Therapist's Duties:



Updated Oct 2022, Notice of Privacy Practices
Purple Stone Counseling, PLLC

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice in office during our session.

Effective September 1, 2012, **TMRPA (Texas Medical Records Privacy Act)** provides additional protections to consumers. Under HIPAA and TMRPA, you have the following client privacy rights:

- Right to know how your PHI will be used and shared in general:
 - A provider must give you written notice of the uses and disclosures of your PHI and, in the event that your PHI is improperly accessed or breached, must provide you notice of that event.
 - Your permission is not required if the sharing of your PHI is related to your treatment, payment, health care operations or performing certain insurance or health care maintenance organization functions.
- Right to ask to review and obtain a copy of health records from most providers (and health care plans). Be aware:
 - Most providers and plans have a form you can use to request your records.
 - Providers and plans are permitted by law to charge for the reasonable costs of copying and mailing your records but may not charge a retrieval fee.
 - In limited cases, such as if your provider believes that information in the file may endanger you, you may not be able to obtain all of your information.
 - If the provider has an electronic health records system capable of fulfilling the request, your records must be provided to you **no later than the 15th business day after you submit your written request.**
- Right to request that your health records be corrected or amended. Be aware:
 - Once you have made such a request, the provider or health plan must respond and if they do not agree with your requested corrections, must notify you in writing and explain why your request was denied. You have the right to submit a statement or disagreement that the provider or plan must add to your record.
- Right to limit the use or sharing of your protected health information for marketing purposes. In general:
 - If your PHI is used or disclosed to send a marketing communication through the mail, that mailing must include the name and toll free number of the entity which sent you the marketing communication and an explanation of your right to have your name removed from the sender's mailing list.
 - Your PHI cannot be used or shared for marketing communications like sales calls or advertising without your authorization in writing. Certain exceptions apply to this including face to face communications between a provider and an individual.

OTHER TEXAS LAWS

Other Texas laws also serve to protect from the disclosure of specific types of medical records and information including certain health provider-client communications, genetic information, test results for HIV and AIDS, hospital records, pharmacy records, donor records, regulatory records and mental health records.



Updated Oct 2022, Notice of Privacy Practices
Purple Stone Counseling, PLLC

TO FILE A COMPLAINT

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me and I would be happy to discuss about your concerns. You can also contact Texas Department of State Health Services, or the Secretary of the U.S. Department of Health and Human Services.

- the Texas agency that regulates the person or business you are complaining about; [View the list of agencies](https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-list-agencies) (<https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-list-agencies>) and find out how to file your complaint.
- the Texas Attorney General's [Consumer Protection Division](https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint) (<https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint>) ; or
- the federal U.S. Dep't of Health and Human Services - Office of Civil Rights (OCR). The OCR accepts complaints electronically at its [complaint portal website](https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html) (<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>) and also:

By mail:

Marisa Smith, Regional Manager
Office for Civil Rights - Region VI
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

By fax:

(202) 619-3818

OCR's Customer Response Center:

[\(800\) 368-1019](tel:8003681019)

Read more about HIPAA, the HIPAA Privacy Rule and the HIPAA Security Rule on the [Department of Health and Human Services' website](#). Read the [Texas Medical Records Privacy Act](#).

<https://www.texasattorneygeneral.gov/consumer-protection/health-care/patient-privacy>

The effective date of this Notice is Dec, 13, 2022.