

**Life Cycles Counseling, PLLC**  
**Marcel Gamboa, LPC**

**TEXAS NOTICE FORM (HIPAA)**

**Notices and Practices to Protect the Privacy of Your Health Information.**

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**1. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.**

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **“PHI”** refers to information in your health records that could identify you.
- **“Treatment”** is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, your psychiatrist, or another psychologist with whom you have been in treatment.
- **“Payment”** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **“Health Care Operations”** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessments and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **“Use”** applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

## 2. USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment and health care operations only 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, or family counseling session, which I 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 psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to that extent that 1) I have relied on that authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## 3. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If I have cause to believe that a child under age 18 has been, or may be, abused, neglected, or sexually abused, I must immediately make a report of such to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.

**Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.

**Health Oversight:** If a complaint is filed against me with the Texas State Board of Licensed Professional Counselors, they have the authority to subpoena confidential mental health information from me relevant to that complaint.

**Judicial and Administrative Proceedings:** If you are involved in a court proceedings and a request is made for information about your diagnosis and treatment and their records therefore, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for 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 and Safety:** If I determine 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, I may disclose relevant confidential mental health information to medical or law enforcement personnel.

**Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

#### 4. PATIENT'S RIGHTS AND MY DUTIES

##### Patient's Rights:

**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** (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send information to another address).

**Right to Inspect and Copy:** You have the right to inspect or obtain a copy of your PHI and psychotherapy notes. I may deny the request in unusual circumstances that involve danger or likelihood of emotional harm to yourself and/or others. On your request, I will discuss with you the details of the request and/or denial process. Section 611.008 of the Texas Health and Safety Code allows for up to 15 days for our office to copy, print, or otherwise make the requested information available to you. In most cases, I am allowed to charge a copying fee, as detailed in the 'Informed Consent' form.

**Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny this request. On your request, I will discuss with you the details of the amendment 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 (as described in Section 3 of this Notice). On your request, I 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 upon request, even if you have agreed to receive the notice electronically.

##### My Duties:

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 procedure, I will provide you a revised copy at your next visit or by mail.

## 5. QUESTIONS AND COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, please discuss these concerns with me, Marcel Gamboa, LPC. You may also contact the Texas State Board of Licensed Professional Counselors at 1-800-942-5540, to the Secretary of the US Department of Health and Human Services, or the Consumer Protection Office at 713-223-5886. You will not be retaliated against for filing a complaint.

This notice will go into effect on February 1, 2017.

I have been given the opportunity to receive a copy of this document as well as read it. I understand that this Notice is also posted on my website [www.LifeCyclesCounseling.com](http://www.LifeCyclesCounseling.com)

Client/Legal Guardian: \_\_\_\_\_

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