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TEXAS HIPAA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY. THIS INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY LAW.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I may use or disclose your protected health information (PHI) for treatment, payment, and healthcare operations purposes with your written consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health records that could personally identify you.
- "Treatment" is when I provided, coordinate, or manage your health care and other services related to your health care. This includes mental health care. An example of treatment would be speaking to your primary care physician, another psychologist or psychiatrist about your therapy.
- "Payment" is when I obtain reimbursement for your therapy. For example, disclosing your PHI to your health insurer to obtain reimbursement for your care or to determine eligibility or coverage.
- "Health care operations" are activities that relate to the performance and operation of my practice. Examples include business related matters such as audits or administrative services, quality assessment, or case management.
- "Use" applies only to activities within my office, such as sharing, 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 or providers.
- "Authorization" is your written permission to transfer information to another health provider or entity. All authorizations must be completed on a legally-defined form.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare 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, or health care operations, I will obtain an authorization from you before releasing this data. I would also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a therapy session or telephone call, or joint therapy session, which I have kept separate from the rest of your medical record. I may not always keep such notes, but they are given a greater degree of protection than is your PHI.

You may revoke at any time any authorization of PHI or psychotherapy notes that you have made previously, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization, or (2) if the authorization was obtained it as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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 report this within 48 hours to the Texas Dept of Protective and Regulatory Services, or to any state or local law enforcement agency. Also, a 2013 law enacted by the Texas legislature requires that if I have cause to believe you were abused or neglected as a minor by an individual who is still living, I must make a similar report, if needed to protect the health and safety of a minor child or elderly or disabled person.
- **Adult and Domestic Abuse:** if I have cause to believe that an adult over age 65 or disabled person is being abused, neglected, or financially exploited, I must report this to the Department of Protective and Regulatory Services.
- **Sexual Abuse by a Mental Health Professional:** if you disclose to me that you have previously been the victim of sexual exploitation and/or abuse by a mental health professional in Texas, I am required to notify the district attorney's office in the county in which the abuse took place, as well as the licensing board that has authority over that mental health professional.
- **Serious Threat to Health or Safety:** if you have made a specific threat of violence against someone else or if I believe that you present a risk of serious, imminent harm towards another person, I may have to disclose confidential information in order to ensure their safety. This may include involving law enforcement or seeking your hospitalization.
 - Similarly, if I have reason to believe that there is a probability of clear, imminent physical or mental injury or death towards yourself, I am obligated to disclose relevant confidential mental health information to protect you.
- **Worker's Compensation:** if you file a workers' compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier, to the extent required by law.
- **Other:** there are other exceptions to confidentiality defined by law, including disclosing your PHI for health and oversight activities, judicial or administrative proceedings, billing activities, legal and professional defense, professional consultation, and others. This also includes having another designated psychologist handle your therapy records and PHI in the event of my unexpected death or disability.

PATIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

Patient's Rights:

- 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.
- You have the right to request and receive confidential communications of PHI in different ways and places from your main contact information. For example, if you do not want correspondence from me mailed to your home, you may request that it be sent to a different address, e.g. your office.
- You may inspect and/or obtain a copy of PHI (and psychotherapy notes, if available) from my mental health and billing records, as long as the PHI is maintained in the record. I may deny your request under certain circumstances, but you may have this decision reviewed. (The primary reason for denial of this request would be concern that information included in PHI may cause serious harm to you.) You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so that you can discuss the contents. There is a charge of 25 cents per page for copying/printing records, though I do not charge for sending them to another health provider.
- You may request an amendment (change) of PHI for as long as the PHI is maintained in the record, which is a period required by state law. I may deny this request. In that case, you have the right to

file a letter of disagreement with this practice at the address above. Upon receipt of such a letter, I may prepare a rebuttal to your statement and provide you with a written copy. Upon your request, I will discuss the details of the amendment process with you.

- Generally, you have a right to receive a listing of disclosures of PHI for which you have neither authorized nor consented. On your request, I will discuss the details of this with you.
- You have the right, upon your request, to have a paper copy of these guidelines given to you even if you have agreed to receive the notice electronically.
- You have the right to be notified if there is a breach (use/disclosure of your PHI in violation of the HIPAA Privacy Rule) of your PHI; if your PHI has not been encrypted to government standards; or if my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with this notice of my legal duties and privacy practices with regard to your PHI.
- I reserve the right to change these policies and practices as described in this notice. Unless I notify you of such changes, though, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you by posting it on my website, making it available in my office, or giving it to you in person and/or by mail.

QUESTIONS AND COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please discuss these concerns with me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

This notice is effective January 1, 2019. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by making it available on my website and at my office at your next visit.