

## HIPPA NOTICE OF PRIVACY PRACTICE

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

**Monica E. Jackson (iWin Counseling)** has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use of disclosure of your healthcare information.

Use of disclosure of your health information is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to disclose your health information for these purposes.

**TREATMENT:** We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

**PAYMENTS:** Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We bill the person in your family who pays for your insurance.

**HEALTHCARE OPERATIONS:** We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

**Other uses or disclosures of your information which do not require your consent:** There are some instances where we may be required to use and disclose information without your consent. For example (but not limited to): Information you and/or your child or children report about physical or sexual abuse; then by the Texas State law, we are obligated to report this to Texas Department of Family and Protective Services (DFPS). Information provided by you that informs us that you are in danger of harming yourself or others. Information to remind you about or reschedule appointments or treatment activities. Information shared with the law enforcement if a crime is committed on our premises or against our staff or as required by law as subpoena or court order.

## CLIENT RIGHTS

### **Right to request how we contact you.**

It is our normal practice to communicate with you at your home address, email, and daytime phone number you gave us when you scheduled your appointment, about health matters such as appointment reminders, etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way.

May we contact you by phone? **YES NO If YES, Contact Number #** \_\_\_\_\_

May we contact you by Text messages? **YES NO If yes, Contact Number #** \_\_\_\_\_

**Please Text iWin Counseling at our HIPPA Compliant Texting Applications at 713- 597- 8161.**  
**Text Messages will not be answered at 713- 389-8535.**

May we contact you by email? **YES NO IF YES, Email Address** \_\_\_\_\_

### **Right to release your medical records.**

You may consent in writing to release your records to others. You have the rights to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we have acted in reliance on such authorization.

### **Right to inspect and copy your medical and billing records.**

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact the office manager. Under limited circumstance we may deny your request to inspect and copy. If you ask for a copy of any information, we may charge a reasonable fee for the cost of coping, mailing, and supplies.

### **Right to add information or amend your medical records.**

If you feel the information contained in your medical record is incorrect or incomplete, you have asked us to add information to amend the record. We will make a decision on your request with 60 days, or in some cases within 90 days. Under certain circumstances, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact the office manager. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

### **Right to an accounting of disclosures.**

You have the right to request an accounting of disclosures, if any, which is a list of certain disclosures such as child or elder abuse, disclosure related to suicidal or homicidal threats, and disclosures to the US. Department of Health and Human Services to evaluate compliance.

### **Right to request restrictions on uses and disclosures of your health information.**

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing to our office manager. However, we are not required to agree to such a request.

### **Right to complain.**

If you believe your privacy rights have been violated, please contact us personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### **Right to receive changes in policy.**

You have the right to receive any future policy changes. This can be obtained from the office manager. All policy changes will be provided to you.