

TEXAS NOTICE FORM

Notice of Psychologists' 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 IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Engel and/ or Hope & Wellness Rising, PLLC, 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 record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when Dr. Engel provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Engel consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Dr. Engel or Hope & Wellness Rising, PLLC, obtains reimbursement for your healthcare. Examples of payment are when Dr. Engel or Hope & Wellness Rising, PLLC, discloses 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 Dr. Engel’s practice, Hope & Wellness Rising, PLLC. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Dr. Engel’s practice, Hope & Wellness Rising, PLLC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Dr. Engel’s practice, Hope & Wellness Rising, PLLC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Engel or Hope & Wellness Rising, PLLC, may use or disclose PHI for purposes outside of treatment, payment, and health care operations 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 Dr. Engel

or Hope & Wellness Rising, PLLC, is asked for information for purposes outside of treatment, payment and health care operations, Dr. Engel or Hope & Wellness Rising, PLLC, will obtain an authorization from you before releasing this information. Dr. Engel or Hope & Wellness Rising, PLLC, will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are any notes Dr. Engel has made about your conversation during a private, group, joint, or family counseling session, which she has 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 the extent that (1) Dr. Engel or Hope & Wellness Rising, PLLC, has 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.

Dr. Engel or Hope & Wellness Rising, PLLC, will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes
- PHI for marketing purposes.

III. Uses and Disclosures with Neither Consent nor Authorization

Dr. Engel may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Engel has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, she must make a report of such within 48 hours 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 Dr. Engel has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, she must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against Dr. Engel with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from her or Hope & Wellness Rising, PLLC, relevant to that complaint.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and neither Dr. Engel nor Hope & Wellness Rising, PLLC, will 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 or Safety:** If Dr. Engel determines 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, she may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, Dr. Engel or Hope & Wellness Rising, PLLC, may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that Dr. Engel or Hope & Wellness Rising, PLLC, is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's 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, Dr. Engel is 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. (For example, you may not want a family member to know that you are seeing Dr.

Engel. Upon your request, Dr. Engel will send correspondence to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in Dr. Engel’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Engel may deny your access to PHI under certain circumstances but in some cases, you may have this decision reviewed. On your request, she will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Dr. Engel may deny your request. On your request, she 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 III of this Notice). On your request, Dr. Engel 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 the notice from Dr. Engel upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) Dr. Engel’s risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist’s Duties:

- Dr. Engel is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Dr. Engel reserves the right to change the privacy policies and practices described in this notice. However, unless she notifies you of such changes, she is required to abide by the terms currently in effect.

- If Dr. Engel revises her policies and procedures, she will provide a revised notice in person at your next appointment, electronically or by mail depending upon your preference.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision Dr. Engel makes about access to your records, or have other concerns about your privacy rights, you may contact her at 512-572-4673 for further information. If you believe that your privacy rights have been violated and wish to file a complaint with Dr. Engel or Hope & Wellness Rising, PLLC, you may send your written complaint to the following address.

Kristie Engel, PhD
Hope & Wellness Rising, PLLC
PO Box 2135
Cedar Park, TX 78630

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Neither Dr. Engel nor Hope & Wellness Rising, PLLC will retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 31, 2017.

Dr. Engel reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that she maintains. Dr. Engel will provide you with a revised notice in person at your next appointment, electronically or by mail.