



NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully. Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed.

A. My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called Protected Health Information, or PHI). This notice will tell you how this practice handles your medical information, how we use this information in the office, how we share it with other professionals and organizations, and how you can see it. If you have any questions or want to know more about anything in this notice, please ask your treatment provider. In conducting my business, I will create electronic and paper records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I am also required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time. I realize that these laws are complicated, but I must provide you with the following important information: how I may use and disclose your PHI, your privacy rights in your PHI, and my obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past and for any of your records that I may create or maintain in the future. You may request a copy of my most current notice at any time.

B. What is meant by medical information or PHI:

Each time you (you meaning you, your child, a person in your custodial care, or partner) visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health, conditions, concerns, tests and treatment you received from us or others, or about payment for health care. The information we collect from you is called: "**PHI**," which stands for "**protected health information**." This information often goes into your **health care records** in our office. We use text messages to and from cell phone numbers provided by the client, abbreviated contact information and scheduling information stored on and iPhone that is password protected and backed up to iTunes, email addresses and emails provided by the client, electronic progress notes that move from an iPad to a password protected computer for storage, printed progress notes that are filed and locked in the office, and all of these may appear in your record as well. These mediums have limits of confidentiality. We use an invoice system from Paypal where invoices will be sent to provided email address(es) for collection of payment of services agreed to or rendered. Information may also include: your history such as things that happened to you as a child; educational and work experiences; relationship history or other personal history; reasons you came into treatment or assessment such as desires to live well, problems, complaints, symptoms or needs; conceptualization of the areas for treatment which appear on progress notes for each attended session as of the date of this notice; diagnoses or public terms for your problems or symptoms; progress notes where a few notes will be written about how you are doing and what we notice about you or you tell us and these can be made following visits or contacts; canceled or missed appointments; phone or email contacts, or text messages; records we get from others who treated or evaluated you; psychological test scores, school records, or other reports; information about medications you took or are taking; legal matters; attendance, payment, or billing information; and there may be other kinds of information that go into your health care records here. We use PHI for many purposes. For example, we may use it: to plan your care or treatment in accordance with standards of record keeping for the trade; to decide how treatment is working for you; to talk to other health care providers or designees that you have granted access to your PHI; to show you received or agreed to treatment from us; to complete forms for you so that you can use to seek reimbursement from third party or other payers; for teaching and training other health care professionals; for research; for public officials trying to improve health care; to improve the way we do our job by measuring the results of our work; and/or by law. When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should or could have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy, we can make one for you (but will charge you our hourly rate for time it is reviewed in the office, time and costs of copying at our hourly rate, and mailing). In some rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although we don't have to agree to do that and can document the reasons given by the client for such a request in the record. Feel free to ask your treatment provider if you have questions.

C. The individuals in this office may use and disclose your PHI in the following ways:

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI so that people can do their jobs or fulfill requests. The law gives you rights to know about your PHI, how it might be used, and to have a say in how it is shared. You will be asked to consent that you have read and understand the policies of this office so please ask questions. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you and may ask you to sign consent, release, or authorization forms. Law also says that there are some uses and disclosures that don't need your consent or authorization.

You will be asked to sign that you understand and consent to these policies after you have been provided this notice to share and use your PHI. In almost all cases, we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment of our services, or some other business functions called "health care operations."

In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect, use, store, and share it to care for you properly and in accordance with practice policy at this office. Therefore, you must sign the consent form for us to begin or continue to treat you. This consent covers all dates of your care past, present, and future. If you do not agree and consent, we cannot treat you. We will be happy to provide you with names of other professionals should you decide to not seek treatment here.

The following categories describe the different ways in which KCPCS may use and disclose your PHI:

1. Treatment: Treatment refers to the provision, coordination, business or management of health care operations including mental health related to one or more providers. The information provided to insurance and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment, unless a specific release or document is signed, I will provide you with forms and you can share your own information at your own risk. There can be serious implications of sharing your PHI and you should carefully consider requests for your PHI and the implications of such requests for your past, present, and future. In this office, an iPad or paper is used to take progress notes, these notes are emailed to a password protected computer and notes are printed and filed in a hard copy folder, behind locks, as well as saved electronically on a password protected computer. In this office, abbreviated contact information and appointment schedule is kept on a password protected iPhone backed up to iTunes. The individuals in this office may have access to your records to process information administratively. Some established clients may have occasion that they would need or ask to use a program such as Skype, FaceTime, or other form of electronic medium to access care or the treatment provider and recognize that these are not completely secure mediums of information exchange and the client assumes the risks related to disclosure if they use these mediums related to their care and normal session fee rate apply for access, appointments, or services through these mediums. Additionally, we ask your consent by signing this form that we may email or text you treatment, billing, or other information regarding your care with any emails or cell phone numbers you have provided to us.

2. Payment: My practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, in practices the provider may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and may provide your insurer with details regarding your diagnoses, treatment, progress or treatment plan to determine if your insurer will cover, or pay for or continue to pay for, your treatment. I also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. A business associate, such as collection agency, may be used to collect unpaid fees for services or items. Also, I may use your PHI to bill you directly for services and items. In this office you may be invoiced at your email address, by mail, or in person for payment due for services rendered. A Paypal invoice service sent to email addresses is often used to collect unpaid fees.

3. Contacting the Client: I or KCPCS staff may contact you or receive your call to remind you of appointments and to tell you about treatments, strategies, information, or other services which may be of benefit to you. You may text or email your clinician or the office and the office team may text or email you if you have consented to treatment and provided numbers or addresses or used numbers or addresses to contact us. These mediums are used in this practice and you

are consenting to use of these between the team at this office and you and you and the team at this office as a client or client's guardian in this practice with the email addresses and phone numbers you have supplied to our office. Additionally, some established clients may have occasion that they would elect to use a program such as Skype, FaceTime, or other form of electronic medium to access care or the treatment provider and recognize that these are not completely secure mediums of information exchange and the client assumes the risks related to disclosure if s/he elect to use these mediums and normal session fee rate apply for access, appointments, or services through these mediums.

4. Health Care Operations: My practice may use and disclose your PHI to operate my business. As examples of the ways in which I may use and disclose your information for my operations, my practice may use your PHI to evaluate the quality of care you received from me or to conduct cost-management and business planning activities for my practice.

5. Research: In this practice, we may use de-identified (no name) information, retrospectively or archivally, to evaluate aspects of treatment or demographics that may benefit the field of psychology on a larger scale and these results may be summarized and presented as research in field presentations.

6. Disclosures required by law: My practice will use and disclose your PHI when I am required to do so by federal, state or local law. This includes but is not limited to: reporting suspected child abuse or neglect; when court ordered to release information; when there is a legal duty to warn or take action regarding suspected imminent to danger to others; when the client is believed to be a danger to self or others or is gravely disabled; when required to report certain communicable diseases and certain injuries; for certain crimes information can be required; for certain court subpoenas; and when a Coroner is investigating a client's death. Certain authorizations or releases by law are also included here.

7. Health Oversight Activities: My practice may disclose your PHI to a health oversight agency for activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

8. Crimes on the Premises or Observed by me: Crimes that are observed by me or directed at me or individuals at my office or those who work at this office or that occur at my business location can and will be reported to law enforcement.

9. Involuntary Clients: Information regarding clients who are being treated involuntarily pursuant to law will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

10. Family Members: Except for certain minors, incompetent clients or involuntary clients, PHI cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client or in crisis situations when a person is present with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if you object, PHI will not be disclosed.

11. Emergencies: In life threatening emergencies, I or individuals in my office will disclose the minimum information necessary to avoid serious harm or death. This could occur if there is an active situation that I or individuals in my office deem an emergency.

12. Client Authorization to Release of Information or Uses and Disclosures with your Consent: I may not use or disclose PHI in any other way without a signed Authorization or Consent to Release Information. When you sign a consent form to release information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent I have already taken action in reliance thereon.

Again, you will be asked to sign consent after you have been provided this notice to share and use your PHI. In almost all cases, we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment of our services, or some other business functions called "health care operations."

In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect, use, store, and share it to care for you properly and in accordance with practice policy at this office. Therefore, you must sign the consent form for us to begin or continue to treat you. This consent covers all dates of your care past, present, and future. If you do not agree and consent, we cannot treat you. We will be happy to provide you with names of other professionals should you decide to not seek treatment here.

D. Your Rights as a Client:

1. Access to Protected Health Information (PHI): You have the right to inspect and obtain a copy of the PHI information that I have regarding you and the record. There are some limitations to this right, which will be explained to you at the time of your request, if such a limitation applies. To make such a request, please talk to me. Hourly rates for time of review will apply.

2. Amendment of Your Record: You have the right to request that I amend your PHI. I am not required to amend the record if it is determined that the record is accurate and complete and I can detail the request and circumstances in your record.

3. Accounting of Disclosures: You have the right to receive an accounting of certain disclosures that I have made regarding your protected health information. This accounting does not include disclosures that were made for the purpose of treatment, payment, or healthcare operations. There are other exceptions that will be provided to you, should you request an accounting.

4. Alternative Means of Receiving Confidential Communications: You have the right to request that you receive communications of PHI from me by alternative means or locations to those detailed as standard practice for this facility. For example, if you do not want bills sent to your home, you may request a different address. If these cannot be accommodated within our practice, we will offer you referral information to other treatment providers.

5. Copy of the Notice: You have the right to obtain a copy of the current notice upon request.

E. Additional Information:

1. Privacy Laws: I am required by State and Federal Law to maintain the privacy of PHI. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to PHI and that is the purpose of this notice.

2. Terms of Notice and Changes to the Notice: I am required to abide by the terms of the current notice in my practice and any amended notice that may follow. I reserve the right to change the terms of this notice and to make new notice and provisions for all PHI that I maintain. This means you are consenting to the privacy practices of this office past, present, and future and can request to review the current notice at any time.

3. Additional Information: If you desire additional information about your privacy rights, please contact this treatment provider:

Alexis Llewellyn, Ph.D.
Licensed Clinical Psychologist & Owner
Katy Center for Psychology & Counseling Services
2900 Commercial Center Boulevard, Suite 110
Katy, TX 77494
713.332.4390
KCPCS.com@gmail.com
www.KCPCS.com

You have the right to file a complaint if you believe these privacy terms have been violated. You can file a complaint with your treatment provider and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. You may have other rights that are granted to you by the laws of our state, and these may be the same or different from the rights described above. We will be happy to discuss any situations with you.

I have received the Notice of Privacy Rights and Policies Documentation as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), understand the terms described, and consent them and the specific details for this office.

Client Name (Printed) and Printed Name of Person Declaring they are legally authorized to provide consent for the client

Client Signature or Signature of Person Declaring they are legally authorized to provide consent for the client

Date

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