

## **Notice of Healthcare Privacy Practices Waterloo Counseling Center**

As mandated by federal law, we are giving you this notice outlining Waterloo Counseling Center's (WCC) policies on the use and disclosure of your Private Healthcare Information (PHI) for the purposes of treatment, payment, and healthcare operations only. We must obtain your written consent to use or disclose information regarding your PHI for any other purpose. There are a few exceptional situations (for example to report abuse or neglect) in which we are permitted or required to release PHI whether or not you authorize us to do so. These exceptions are detailed in the WCC "Therapist-Client Agreement" and in this document. As a client, you also have several rights related to the access of your records which are outlined. Finally, the full statement of our PHI policies and procedures is posted and copies are available. Our Privacy Officer, Rebecca Calhoun, LPC, board approved supervisor, is also available to provide you with further information regarding our policies. This notice takes effect on November 1, 2005 and will be in effect until we replace it.

Please read this important information about your rights as our client and our policies.

### **Psychotherapists' Rights and Duties**

1. We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
2. We reserve the right to change the privacy practices described in this notice as long as such changes are permitted or required by law. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
3. If we revise our privacy practices, we will provide you with a revised copy of this notice. A revised copy will be given directly to you at your next visit following such revisions or will be sent to you by mail, if you are still under our care.

### **Confidentiality**

1. All information about you is kept strictly confidential as per HIPAA requirements. Federal, state, and/or local laws or professional codes and ethical guidelines mandate the exceptions detailed below or in WCC's "Therapist-Client Agreement."
2. Health Oversight: If a complaint is filed against one of our clinicians with one of the State Boards of Examiners (e.g., of Licensed Professional Counselor's etc), such boards have the authority to subpoena confidential mental health information relevant to the complaint.
3. Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under Texas state law, and we will not release information without written authorization from you or your personal or legally appointed representative, or a court order. This privilege does not apply when you have been evaluated by us pursuant of a court order.
4. Worker's Compensation: If you file a worker's compensation claim, we may be required to disclose records relating to your diagnosis and treatment to your employer's insurance carrier if you have used such insurance to pay for your services at WCC.

### **Your Rights as a Client of Waterloo Counseling Center**

1. Right to Request Restrictions: You have the right to request that we limit or restrict how your PHI is used or disclosed for treatment, healthcare, and/or payment purposes. We do not have to agree to this request, but if we do agree, we will comply with your request

except under emergency circumstances. If you have such a request it must be submitted in writing.

2. Right to Amend: You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. We may deny your request. Upon your request, we will discuss with you the details of the amendment process.
3. Right to Receive Confidential Communications by Alternative Means and at an Alternative Location: 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 you are a client here. Upon your request, we will send correspondence to an alternative address. However, since we often use this PHI to communicate with clients regarding appointments, please be aware such restrictions can interfere with timely communication.
4. Right to Inspect and Copy: You have the right to view and request copies of any and all records regarding your healthcare unless your provider believes such access would be injurious to your mental health and/or safety. For you, or anyone, to have a copy of your PHI records, a "Release of Information" form must be signed by you. If we believe it would be harmful, we must notify you in writing of our reasons for denying your request and you may appeal this decision. This applies only to paperwork in your file generated by WCC; we may not re-release information included in your file from other sources.
5. Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Upon your request, we will discuss with you the details of amendment process.
6. Right to an Accounting: You generally have the right to receive an accounting of those disclosures of PHI for which you have neither provided consent nor authorization (as described above). This can go back as far as six years, but not before April 14, 2003. On your request, we will discuss with you the details of the accounting process.

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) we may have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the right to contest the claim under the policy. We are committed to protecting your privacy and affirm that it is our intention to comply with HIPAA and all other relevant federal, state, and local laws and our licensing board requirements to do so.

I, \_\_\_\_\_, have received a copy of WCC's Notice of Private Healthcare Information Practices policy and have had the opportunity to ask questions about and understand these policies.

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Signature of Client (Parent, guardian or personal representative)

Date

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Client's Printed Name

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For Personal Representative or Guardian, (please explain)

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Witness Signature

Date

To receive more information or to make a complaint you may contact: U.S. Department of Health and Human Services, HIPAA, 7500 Security Blvd., C-24-02, Baltimore, MD, 21244