From the Counseling Office of

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**NOTICE OF PRIVACY PRACTICES (NPP)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT 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 and you probably will have to read them several times to understand them. As sole clinician for this practice, I am the designated Privacy Officer. I am required to tell you about privacy because of the privacy regulations of a federal law, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

This notice will tell you how I handle your medical information. It tells you how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. Because the laws may not apply to you, I have removed a few small parts. If you have any questions or want to know more about anything in this Notice of Privacy Practices, please ask me for more explanations or more details. I have a longer version of this notice available to you or anyone who would like to have further information.

After you read this notice you will be asked to sign a separate **consent form** to allow me to use and share your **Protected Healthcare Information (PHI).** I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. *Therefore, you must sign the consent form before I begin to treat you because if you do not agree and consent, then I cannot treat you.*

In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for my services, or some other business functions called health care **operations**. If you want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an authorization to allow this.

**Treatment**: I will use your medical information to provide you with counseling services. This might include individual, family counseling, treatment planning or measuring the benefits of my services. I may share or disclose your PHI to others who provide treatment to you. I am most likely to share your information with your personal physician or your psychiatrist. I may refer you to other professional or consultants for services I cannot provide. When I do this I need to tell them some things about you and your condition(s). If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

**Payment:** I may use your information to bill you, your insurance, or in rare circumstances, a collection service so I can be paid for services I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition. A progress report is customary when additional sessions are requested.

**Operations**: There are a few other ways I may disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment, and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

The law allows or requires me to disclose some of your PHI without your consent or authorization in some cases. Most of the exceptions are described in the **Limits of Confidentiality** in the longer version of the NPP. Of course, I will keep your health information private, but there are some times when the laws require me to disclose it. Some examples and exceptions are:

1. When there is serious threat to your health or safety, or the health and safety of another individual, or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal court proceedings.
3. If a law enforcement official (court order) requires me to do so.
4. For workers Compensation and similar benefit programs.

**Your Rights Regarding your Health Information:**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to all you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. In the majority of cases, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but will be charged a fee.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP, or it changes by law, I will post the new version in my office, and you can always get a copy from me at any time.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and to the **Texas State Board of Examiners of Professional Counselors**. All complaints should be directed by phone to the LPC Board Office at 512-834-6658 and/or to the Complaint Hotline at 1-800-942-5540. Complaints can also be written to: ***Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369.*** You can also find the complaint forms and its process online at: <http://www.dshs.state.tx.us/counselor/lpc_complaint.shtm>. Filing a complaint will not change the health care I provide to you in any way. I encourage you to express any concerns you may have regarding the privacy of your information.

Also, you may have other rights that are granted to you by the laws of Texas and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this Notice of Privacy Practices or my health Information Privacy Policies, please do not hesitate to contact me.

The Effective Date of This Notice is April 14, 2003