

## Light and Heart Therapy, PLLC

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

### **HIPPA Compliance**

Notice of Privacy Practices in compliance with: The Health Insurance Portability and Accountability Act of 1996 (HIPPA)

### **Texas Health and Safety Code Compliance**

Notice of Privacy Practices in compliance with: Texas Health and Safety Code Chapter 611 Mental Health Records

### **Protecting Your Privacy**

Your privacy is of the utmost importance to me. The information I have about you will be held to the highest levels of confidentiality. I am required by law to give you a notice of my privacy practices and to maintain the privacy of your confidential information. This notice describes the information on my privacy practices. Unless you give me permission in writing, I will only disclose your information when I am ethically or legally required to do so.

### **Confidential Information**

This notice applies to the information and records I have about your counseling, mental health status, and the care of services you will receive during our work together.

### **Use and Disclosure of Protected Health Which Do Not Require Your Consent**

The law permits me to use or disclose your health information (including in electronic form) without your written consent or authorization for the following purposes:

**To avert a serious threat to health or safety:** If I believe you are a danger to yourself or to another person, I may be compelled to report that for safety purposes to comply with Texas and federal laws.

**Treatment:** I may use health information about you to provide treatment and services. I may disclose your health information to counselors, supervisors, or administrators who are involved in your treatment. In addition, therapists may share relevant details about your treatment during peer consultation with other counselors and licensed professionals, exclusively for the purpose of enhancing your quality of care. In these instances, I limit the information shared to the absolute minimum.

**Insurance:** If you pursue treatment with your out-of-network insurance reimbursement, I may be required to share elements of treatment with your insurance provider.

**Other Circumstances:** Additionally, I may use or disclose your health information (including in electronic form) for the following purposes without your consent or authorization, subject to all applicable legal requirements and limitations:

- As required or permitted by federal, state, or local law (e.g. cooperation with law enforcement, court officials, or government agencies).

- As authorized by worker's compensation laws or similar programs that provide benefits for work related injuries or illness.
- If you are involved in a lawsuit or a dispute, I may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose information about you in response to a subpoena. In the event that you file a lawsuit against me, your health information will no longer be considered confidential and may become part of the case.
- Emergency situations. Your consent isn't required if you need emergency treatment (for example if you are unconscious or unable to communicate) provided that I attempt to get your consent after treatment.
- After death. I may disclose a deceased individual's PHI to caregivers or relations who were involved in their care or payment of their healthcare prior to their death. I will keep the PHI relevant to the needs and in compliance with any prior expressed preferences of the deceased individual.

#### **Use and Disclosure of Protected Health Information That Requires Your Authorization**

Except as provided in the Notice of Privacy Practices legal exceptions listed above, I will not disclose your health information including psychotherapy notes (as defined in 45 CFR 164.501) without your written authorization. I will not sell, use, or disclose your personal health information for marketing purposes or any other course of business. You may provide written authorization to share your health information at any time.

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you revoke your authorization, I will no longer use or disclose information about you for the reasons covered by your written authorization, but I cannot rescind any uses or disclosures that have been previously made with your permission.

#### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the health information I maintain about you:

- **The Right to See and Get Copies of Your PHI:** You have the right to inspect and copy your health information, such as progress notes and billing records. You must submit a written request in order to inspect and/or copy your information. If you request a copy of the information I will provide you with a copy of your record, or a summary of it - if you agree to receive a summary - within 15 business days of receiving your written request (per Texas Health and Safety Code Chapter 611), and I may charge a reasonable, cost based fee for doing so. I may only deny your request to inspect and/or copy in certain limited circumstances and with reasonable grounds. If you are denied access to your information, you may ask that the denial be reviewed. If such a review is required by law, I will select a mental health professional to review your request and our denial. I will immediately comply with the outcome of the review.
- **The Right to Request Limits on Uses and Disclosure of your PHI:** You have the right to ask that I limit how to use and disclose your PHI. I will consider your request although I am not legally bound to agree nor can I go against legal or board requirements. If I agree to your request, I will put those limits in writing and abide by them except in emergency situations. **\*\*You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.\*\***
- **The Right to Correct or Update Your PHI:** You have the right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. I may deny your request and tell you why in writing within 60 days of receiving your request if the information was not created by me or if I believe the information is currently accurate.

- **The Right to Get a List of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by me, except for disclosures such as treatments and certain other disclosures as provided for by law. To obtain an “accounting of disclosures”, you must submit your request in writing. The list I will give you - within 60 days of receiving your request - will include disclosures made in the last six years unless you request a shorter time. Your request should indicate what form you would like the information provided (i.e. paper or e-mail), and I will provide the list to you at no charge, but if you make more than one request in the same year, I may charge you for the cost of providing you this information. I will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **The Right to Request Restrictions:** You have the right to request a restriction or limitations on how your health information is used or to whom your information is disclosed. I am not required to agree to such requests.
- **The Right to Choose How I Send PHI to You:** You have the right to request that I communicate with you about treatment matters in a specific way (for example, home or office phone) and/or send mail to a different address location (for example, your work address). I will agree to all reasonable requests.
- **The Right to Get a Paper or Electronic Copy of This Notice:** You have the right to get a paper copy or an email copy of this Notice, and even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it. Contact me directly to request a copy and it is also available electronically on my professional website.

#### **Changes to This Notice**

This notice went into effect on: January 1, 2022

I reserve the right to change my privacy practices for all health information that I maintain. Revised notices will be made available in the event of any changes. The revised notice will be effective for confidential information I already have about you as well as any information I receive in the future.

#### **Complaints and Communications to the Federal Government**

If you believe your privacy rights have been violated, you have the right to file a complaint with the federal government by contacting the OCR Regional Manager, Office for Civil Rights, US Department of Health and Human Services (DHHS), 1301 Young St., Suite 1169, Dallas, Texas, 75202, (214) 767-4056. Information is also available on the DHHS website at <http://www.hhs.gov/ocr/privacy/>. You will not be penalized for filing a complaint with the federal government.

#### **Additional Protections of Your Privacy**

In addition to being HIPAA compliant, I also comply with all federal and state legislation pertinent to health and mental services provisions regarding the practice of counseling, psychology, and related services. If you have any questions concerning your rights, please let me know.

#### **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Texas Health and Safety Code Chapter 611 Mental Health Records, you have certain rights regarding the use and disclosure of your protected health information.