

Light and Heart Therapy, PLLC

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION 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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me, and use this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or

disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my 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.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

To avert a serious threat to public health or safety: If a client receiving services presents imminent danger to themselves or to another person, I may be compelled to report that for safety purposes to comply with Texas and federal laws. This includes reporting suspected child, elder, or dependent adult abuse.

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, although my preference is to obtain authorization from you before doing so.
- 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, although my preference is to obtain authorization from you before doing so.
- For health oversight activities, including audits and investigations.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- 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 individuals' PHI to caregivers or relations who were involved in their care (such as coroners or medical examiners) 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.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- **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.
- **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.

VI. HOW TO REQUEST YOUR HEALTH CARE RECORDS:

(Required by Texas Health & Safety Code §181.105)

You have the right to request access to your health care records maintained by this practice.

To request your records, please:

Submit a written request by email to susannamkaufman@gmail.com or by mail to 5900 Balcones Dr. Ste 100 Austin, TX 78731

Specify the records you are requesting and your preferred delivery method.

Provide verification of identity if requested.

Requests will be processed in accordance with applicable state and federal law. Reasonable, cost-based fees may apply.

VII. LICENSING AND REGULATORY AUTHORITY:

(Required by Texas Health & Safety Code §181.105)

This practice is regulated by the following licensing authority:

Texas Behavioral Health Executive Council

Website: <https://bhec.texas.gov/>

Phone: (800) 821-3205

Address: 1801 Congress Ave., Ste. 7.300

Austin, Texas 78701

You may contact this agency regarding concerns about professional conduct or licensure.

VIII. HOW TO FILE A CONSUMER COMPLAINT

(Required by Texas Health & Safety Code §181.105)

If you believe your rights regarding access to health care records or privacy protections have been violated, you may file a consumer complaint with:

Office of the Texas Attorney General – Consumer Protection Division

Website: <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint>

You may also contact the licensing authority listed above.

This information is provided in compliance with Texas Health & Safety Code §181.105.

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.