



## **Notice of Privacy Practices**

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization. To the extent your PHI includes mental health records or psychotherapy notes (as defined under HIPAA), such records may be used or disclosed only in certain circumstances involving your treatment.

**For Payment.** If you are using your insurance, I may use and disclose PHI so that payment can be received for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the third party that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

**Appointment Reminders.** I may use or disclose your PHI in order to remind you of an appointment. For example, I may provide a written reminder or telephone reminder to advise you of your next appointment.



## **Notice of Privacy Practices (cont.)**

**Required by Law.** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. I must make other disclosures required by law as noted below.

*Following is a list of the categories of uses and disclosures permitted by HIPAA without your authorization.*

*Abuse, Neglect or Domestic Violence  
Judicial and Administrative Proceedings  
Deceased Persons  
Emergencies  
Family Involvement in Care  
Health Oversight Activities  
Law Enforcement Purposes  
National Security Purposes  
Public Health Reporting Purposes  
Public Safety Purposes (Duty to Warn)*

*The following language addresses these categories to the extent consistent with the NASW Code of Ethics.*

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department).
- Required by Court Order or for Law Enforcement Purposes.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission.** We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time by you. However, revocation of your written authorization will not affect any uses or disclosures made pursuant to your written authorization prior to such revocation.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to Nimisha Patel, LCSW, RD, at 1506 N Greenville Ave, Suite 250, Allen, Texas 75002.



## **Notice of Privacy Practices (cont.)**

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies of your PHI.

**Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

**Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **QUESTIONS OR COMPLAINTS**

If you have questions regarding your PHI or the privacy and security of your PHI, please submit your question in writing to Nimisha Patel, LCSW, RD, of Healthy Lifestyles PLLC, at 1506 N Greenville Ave, Suite 250, Allen, Texas 75002. If you believe your privacy rights have been violated, you have the right to file a complaint in writing with Nimisha Patel, LCSW, RD, at the address noted above, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, DC, 20201, or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

**The effective date of this Notice is June 1, 2007.**