

Notice of Privacy Policies/HIPPA

THIS NOTICE INVOLVES A SUMMARY ABOUT YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires disclosure about your Private Health Information (PHI) and how it is used by covered entities, of which I am covered as a licensed clinical social worker. With the below noted exceptions, I will not disclose that you are a client of mine without your written consent.

The Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. This includes consultation with other mental health professionals that I may seek for your care. Information will be disclosed as little as possible. When it is necessary I will require your permission in advance, through your written authorization either at the onset of our relationship or at the time the need for disclosure arises. You may revoke your permission, in writing, at any time.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization. There are some important exceptions to this rule of confidentiality. I may use or disclose records or other information about you without your consent or authorization in the following circumstances:

Emergency: If you are involved in a life-threatening emergency and I cannot ask your permission, I will contact the person you listed in case of emergencies and/or public authorities.

Abuse or Neglect Reporting: If I have reason to suspect that a child, elderly person, or person with a disability is abused or neglected, I am required by law to report the matter to the state entity and provide relevant information.

Health Oversight: The law requires that I report misconduct by a health care provider of their own profession. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are a health care provider, I am required to report to your licensing board that you are in treatment with me if I believe your condition places the public at risk.

Court Proceedings: If a judge issues a court order or subpoena then I am obligated to provide the requested information.

Serious Threat to Health or Safety: If you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified person or yourself, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to make a report.

Sharing information: I request your written permission to talk to anyone on your behalf.

III. Patient's Rights and Provider's Duties

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on the information I disclose about you to someone who is involved in your care or the payment for your care. In the event that I cannot meet your request, I will provide a timely reason for you. You may request the following restrictions in writing: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means or addresses. For example, you may request in writing that I contact you at certain phone numbers or that I do not leave voicemail messages.

Right to an Accounting of Disclosures: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your written request, I will discuss with you the details of the accounting process

Right to Inspect and Copy: In most cases, you have the right to inspect and copy your medical and billing records. If you request a copy, I may charge a fee for copying and mailing costs. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding. Please submit your request in writing.

Right to Amend: You may ask to amend your PHI if you feel that that it is incorrect or incomplete. Please include your reason for your request in writing. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to a copy of this notice: You have the right to a paper copy of this notice. For more information about HIPAA please visit www.hhs.gov/hipaa/for-individuals. I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you at your request, posted in the waiting room, or posted on my website.

IV Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the State of Nevada Board of Examiners for Social Workers or the Texas Board of Social Worker Examiners.