

Shuck & Associates, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED BY YOUR THERAPIST AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Christine Shuck, MA, LMFT, Owner of Shuck & Associates, PLLC at (512)-587-3863, or your therapist at the number and email address he/she will provide on a business card.

I. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Shuck & Associates, PLLC.

II. A LEGAL DUTY TO SAFEGUARD PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will “use” and “disclose” your PHI. A “use” of PHI occurs when I share, review, apply or analyze such information within my practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI previously on file. You will be promptly notified of these changes by myself or your therapist. You can request a copy of the revised Notice from me, your therapist, or you can view a copy of it hanging in the office.

III. BEST PRACTICE

I must have your written permission prior to making any form of disclosure about your treatment, excluding the exceptions listed below. In the event that you permit me to disclose information about your treatment, I will do so on a “need to know basis.” This means that I will share the minimum amount of information needed in order to achieve the necessary outcome. Although other health care providers are required to adhere to the same standards for confidential communication of protected information, please be aware that I have no control over how others may use information that has been disclosed to them.

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IV. PROFESSIONAL ETHICAL GUIDELINES

I do not use any personal or protected information about clients in marketing my services. I do not sell client information to third parties, solicit client testimonials, nor contact clients for fundraising purposes.

V. PSYCHOTHERAPIST RIGHTS & RESPONSIBILITIES

I will use and disclose your PHI for different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, I will not. Listed below are the different categories of my uses and disclosures along with some examples of each category. While I am legally permitted to disclose protected information in the instances detailed below, I will make a reasonable attempt to secure client consent prior to any disclosure I might make. I am required to notify clients of any breach of the security of their protected health information.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

1. Treatment: I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a referral is made to another health care provider, I may provide information and copies of various reports that should assist her or him in treating you. However, except in the case of emergencies, I will secure the client's written consent before contacting another treatment provider with information about her/him.

2. Payment: I may use and disclose your PHI in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company. I may also provide your PHI to my business associates, including billing companies, claims processing companies, and others that process my health care claims.

3. Health Care Operations: I may use and disclose your PHI to operate my practice, including to evaluate the quality of health care services that you received or to evaluate the performance of the health care professional who provided such services to you. For example, I may provide your PHI to our accountants, attorneys, consultants, and others to ensure I am complying with applicable laws.

4. Other Disclosure: I may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Which DO NOT Legally Require Client Consent

1. Emergency Situations: I may use and disclose your health information in an emergency situation in which the duty to ensure the safety of you and/or others must take precedence over the obligation to safeguard privacy. This includes instances in which I perceive a serious threat of violence or suicide as well as medical emergencies.

2. Mandated Reporting: I may use and disclose your health information when federal, state, or local laws require disclosure. For example, I may make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect, including abuse of a child, an elder, or a disabled person.

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3. Federal, State, or Local Law: I may use and disclose your health information as required by federal, state or local law; judicial or administrative proceedings; or, law enforcement. In such instances, I will make a reasonable effort to inform the client of the necessity of the disclosure except in certain exceptional situations involving national security in which I can be forbidden by the investigating agency from making a disclosure to the client. If I am subpoenaed to disclose information about a client, I will make a reasonable effort to safeguard the confidential nature of psychotherapeutic communication. See examples below.

- a. When law enforcement requires disclosure. For example, I may have to use or disclose your PHI in response to a search warrant.
- b. When public health activities require disclosure. For example, I may have to use or disclose your PHI to report to government officials of an adverse reaction that you have to a medication.
- c. When health oversight activities require disclosure. For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.
- d. For specialized government functions. If you are a member of the armed forces, I may have to use or disclose your PHI for national security purposes as required by military command authorities.

C. Other Uses and Disclosures

1. Public Health Activities: For example, in the event of death, a report may have to be made to the county coroner.
2. Workers' Compensation Purposes: I may provide PHI in order to comply with workers' compensation laws.
3. Training/Supervising/Consulting: For example, I may provide PHI to associates, interns, or other mental health professionals. I will remove all references to individually identifiable details during these times.
4. Defense: For example, I may provide PHI for purposes of defending myself in legal actions or proceedings brought by a client.

D. Uses and Disclosures You have the Opportunity to Object

1. Contact: I may provide appointment reminders (via, for example, phone messages or mail) or give a client information about treatment alternatives, or other health care services or benefits. Clients have the right to specify how I may contact them for such purposes.
2. Disclosures to Family, Friends, or Others: I will always seek client consent to provide information about the client to a family member, friend, or other person who the client indicates is involved in his/her care or the payment for her/his psychotherapy.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing at any time and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

VI. CLIENT RIGHTS

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

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- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, close personal friends, or any other person identified by you. I am not required to agree to a requested restriction. If I do agree, I must abide by it.
- The right to inspect your health records and to request a copy of these records.
- The right to choose how you receive your PHI.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from me upon request.
- The right to restrict disclosures of PHI to health plans when you pay out-of-pocket in full.

Christine Shuck, MA, LMFT is the designated Privacy Officer for Shuck & Associates, PLLC.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office, with the Texas Attorney General at www.oag.state.tx.us/forms/cpd/form.php, or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints. Neither your therapist nor Shuck & Associates, PLLC will retaliate against you for filing a complaint.

All Shuck & Associates' therapists are independent practitioners, and therefore, are independently responsible for compliance with applicable professional ethical codes and state and federal laws. Your therapist will provide you with information needed to file a complaint.

VIII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on March 2, 2016.