



NOTICE OF PRIVACY PRACTICES

This notice describes how psychological & medical information about you may be used or disclosed and how you can gain access to this information. Please review this notice carefully.

I. Disclosures for Treatment, Payment and Health Care Operations

A GOCC therapist may use or disclose your protected health information (PHI), for certain treatment, payment, & health care operations purposes without your authorization. In certain circumstances, he/she can only do so when the person or business requesting your PHI provides a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when a therapist or another healthcare provider diagnoses or treats you. An example of treatment would be when a therapist consults with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- “Payment” is when a therapist obtains reimbursement for your healthcare.
- “Use” applies only to activities *within* GOCC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities *outside* of GOCC such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

A therapist may use or disclose PHI with your authorization in the following circumstances:

- **For Care or Treatment:** Your PHI may be used and disclosed to those involved in your care for the purpose of providing, coordinating, or managing your services. This may include consultation with clinical supervisors or other team members. This may also include consultation to discuss your care with a healthcare provider who referred you to us or if we refer you to another provider. Your authorization is required to disclose your PHI to any other healthcare provider not currently involved in your care.
- **For Payment:** Your PHI may be used and disclosed to any parties that are involved in payment for your treatment. If you pay for your treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment. This may include your payer requiring copies of your PHI during the course of a medical record request, chart audit or review.
- **For Business Operations:** We may use or disclose your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone.
- **Required by Law:** Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with the requirements of the Privacy Rule, if required.
- **Verbal Permission:** We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.
- **With Authorization:** Uses and disclosures not specifically permitted by applicable law will only be made with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

III. Uses and Disclosures with Neither Consent nor Authorization

A therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** When a therapist, in his/her professional capacity, has knowledge of or observe a child he/she knows or reasonably suspects has been the victim of child abuse or neglect, he/she must immediately report such to a police department, sheriff's department, county probation department, or county welfare department.
- **Adult and Domestic Abuse:** If a therapist, in his/her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult; if a therapist is told by an elder or dependent adult that he/she has experienced these; or if a therapist reasonably suspects such, the therapist must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about your treatment, your therapist must not release your information without (a) your written authorization or the authorization of your attorney or personal representative; (b) a court order; or (c) a subpoena duces tecum (a subpoena to produce records). Your therapist will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to your therapist a serious threat of physical violence against an identifiable victim, he/she must make reasonable efforts to communicate that information to the potential victim and the police. If he/she has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, he/she may release relevant information as necessary to prevent the threatened danger.
- **Health Oversight:** If a complaint is filed against a therapist with the Texas State Board of Examiners of Psychologists, the Board has the authority to subpoena confidential mental health information from the therapist relevant to that complaint.

IV. Patient's Rights Regarding PHI:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of your PHI. However, your therapist is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications* – You have the right to request and receive confidential communications of PHI by alternative means. (e.g., telephone, email, postal mail, etc.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of your PHI used to make decisions about you for as long as the PHI is maintained in the record. Your therapist may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist is not required to agree to the amendment.
- *Right to an Accounting of Disclosures* – You have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice).
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from GOCC upon request, even if you have agreed to receive the notice electronically.

V. Breaches

- An affected individual will be notified immediately following a breach of unsecured PHI.

VI. Complaints

- If you are concerned that a therapist has violated your privacy rights, you may contact GOCC's director, Ashley Curry, Ph.D. at (512) 807-8457.
- You may also send a written complaint to the Secretary of the U.S. Department of Health & Human Services. The person listed above can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions and Changes to Privacy Policy

- This notice will go into effect on September 23, 2013. GOCC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that GOCC's therapists maintain. GOCC will make public any changes to this notice and provide you with a copy of the revised notice.