



Medical and Mental Health Clinic  
1420 Valwood Parkway Ste. 170a  
Carrollton, Texas 75006

### **Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Treatment Notes. "Treatment Notes" are notes we have made about our conversation during a private, group, joint, or family session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization**

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

- ✓ Child Abuse. If we have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.
- ✓ Elderly or Disabled Person's Abuse. If we have reasonable cause to suspect that an elderly person or a disabled person has been criminally abused, we must report this suspicion to the appropriate authorities as required by law.
- ✓ Health Oversight Activities. If we receive a subpoena or other lawful request from the Department of Health, we must disclose the relevant PHI pursuant to that subpoena or lawful request.
- ✓ Judicial and Administrative Proceedings. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- ✓ Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your PHI to defend the office or to respond to a court order.
- ✓ Law Enforcement. We may release PHI about you if required by law when asked to do so by a law enforcement official.
- ✓ Serious Threat to Health or Safety. If you communicate to us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, we may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.



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- ✓ Worker's Compensation. We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Patient's Rights and Clinician Duties**

You have the following rights regarding the PHI that this office maintains about you.

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
2. 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 and at alternative locations. (For example, you may not want a family member to know that you are being seen at our office. On your request, we will send your bills to another address.) To request confidential communications, you must complete our request form in writing and submit it to the Privacy Officer. We will accommodate all reasonable requests.
3. Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. To inspect and/or obtain a copy of your PHI, you must complete our request form and submit it to the Privacy Officer. If you request copies, we will charge you \$0.10 per page. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
4. Right to Amend. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. To request an amendment, you must complete our request form and submit it in writing to the privacy officer. In addition, you must provide a reason that supports your request. We may deny your request. On your request, we will discuss with you the details of the amendment process.
5. Right to an Accounting. You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process. To request this accounting on disclosures, you must complete a request form and submit it in writing to the Privacy Officer. Your request must state a time, which may not be longer than six (6) years and may not include dates before January 11, 2021.
6. Right to a Paper Copy. You have the right to obtain a paper copy of the Notice from us upon request.

Therapist Duties:

7. We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
8. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

