

Mosaic Counseling, PLLC
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PRIVACY NOTICE

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

- I. Uses and Disclosures for Treatment, Payment and Health Care Operations: Clinicians and office staff may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:
- a. PHI refers to information in your health record that could identify you specifically.
 - b. Treatment is when clinicians provide, coordinate or manage your health care. An example of treatment would be therapy, or when a therapist consults with another health care provider, such as your family physician or another clinician.
 - c. Payment is when a clinician obtains reimbursement for your health care. Examples of payment are when your clinician discloses your PHI to your health care insurer to obtain reimbursement for your health care or to determine eligibility of coverage.
 - d. Health Care Operations are activities that relate to the performance and operations of a clinician's practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.
 - e. Use applies to activities within your clinician's office such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
 - f. Disclosure applies to activities outside your clinician's office, such as releasing, transferring, or providing access to information about you to other parties.
- II. Uses and Disclosures Requiring Authorization:
- a. Clinicians 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. When a clinician is asked for information outside of treatment, payment, or health care operations, an authorization will be obtained from you before releasing this information.
 - b. Clinicians will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapist notes are notes your clinician has made about conversations during an individual session, joint marital, or family therapy sessions, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.
 - c. You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1.) Your clinician has 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.
- III. Uses and Disclosures Requiring Neither Consent Nor Authorization:
- a. Child Abuse: If there is reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect, or sexual abuse, clinicians must report the matter to the appropriate authorities as required by law.
 - b. Adult and Domestic Abuse: If there is reasonable cause to believe that an adult is being or has

been abused, neglected or exploited, or is in need of protective services, clinicians must report this belief to the appropriate authorities as required by law.

- c. Health Oversight Activities: Clinicians may disclose PHI to the Texas State Board of Examiners of Professional Counselors if necessary for a proceeding before the board.
- d. Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services provided you and/or the records thereof, such information is privileged under state law, and information will not be released without authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- e. Serious Threat to Health or Safety: If your clinician believes there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future information may be disclosed in order to protect that individual.
- f. If your clinician believes that you present an imminent risk or serious physical harm or death to yourself, information may be disclosed in order to initiate hospitalization or to family members, or others who might be able to protect you.
- g. Felony Reporting: Your clinician may be required or allowed to report any felony that you report to your clinician that has been or is being committed.
- h. Required by Law: Your clinician will disclose health information about you when required to do so by federal, state or local law.
- i. Law Enforcement: Your clinician may release health information about you when asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal processes.
- j. Worker's Compensation: Your clinician may disclose PHI as authorized by and to the extent necessary to comply with law relating to workers compensation or other similar programs, established by law that provide benefits for work-related injuries or illness without regard to fault.
- k. Prenatal Exposure to Controlled Substances: Mental health providers are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- l. Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- m. Insurance Providers (when applicable): Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of series, dates/times of series, diagnosis, treatment plan, description of symptoms, progress of therapy, case notes and summaries.

IV. Client's Rights

- a. You have the right to request restrictions on certain uses and disclosures of PHI about you for treatment, payment, or health care operations. However, your clinician is not required to agree to a restriction you request, except under certain limited circumstances, and your clinician will notify you in that case. One right you may not be denied is your right to request that no information be sent to your health care plan if you pay in full for the health care plan services ahead of time. If you select this option, then you must request it and must pay in full each time a service will be provided. Your clinician will not send any information to the health care plan for that session unless your clinician is required by law to release the information.
- b. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- c. You have the right to inspect or copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. This does not apply to information created for use in a civil, criminal, or administrative action or proceeding. You may be

charged a reasonable fee for copies, mailing, or associated supplies (\$15.00 fee + \$0.20 per page). Your access to PHI under certain circumstances may be denied, but in some cases you may have this decision reviewed. On your request, your clinician will discuss with you the details of the request and denial process.

- d. You have the right to request an amendment of PHI as long as the PHI is maintained in the record. Clinicians may deny your request. On your request, your clinician will discuss with you the details of the amendment process.
- e. With certain exceptions, you generally have the right to receive an accounting of disclosures of PHI. On your request, your clinician will discuss with you the details of the accounting process.
- f. You have the right to obtain a paper copy of this privacy form from your clinician upon request, even if you have agreed to receive the notice electronically.

V. Clinician's Duties

- a. Clinicians are required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- b. Clinicians reserve the right to change the privacy policies described in this notice. Unless you are notified of such changes, however, your clinician will abide by the terms currently in effect.
- c. If these policies and procedures are revised, you will receive written notification in person or by mail.
- d. In the event that your clinician learns that there has been an impermissible use or disclosure of your unsecured PHI, unless there is a low risk that your unsecured PHI has been compromised, you will be notified of this breach.

VI. Technology, Privacy and PHI

- a. Email: Internet communication, including email, is a non-secure form of communication. If you elect to use Internet communication with your clinician, this practice will make every effort not to disclose the names or other identifying information (PHI) in the course of this communication, as should you attempt not to include identifying information.
- b. Texting: Texting communication is a non-secure form of communication and should be limited to conversations about scheduling only between the hours of 9:00am - 5:00pm.
- c. Social Media: No contact via social media is allowed with your clinician, as this is a non-secure form of communication and violates ethical boundaries. This includes but is not limited to Facebook, Twitter, Instagram, Snapchat, Pinterest and LinkedIn.
- d. The subject matter of Internet communication and texting should be limited to scheduling conversations only and limited between the hours of 9:00am – 5:00pm. **In case of an emergency, please contact either 911, go to your local Emergency Room, or contact Central Plains Center Crisis Hotline (1-800-687-1300).**

VII. Complaints

- a. If you are concerned that your rights have been violated or you disagree with a decision made about access to your records, you may contact Mosaic Counseling, PLLC, and it will be considered how to best resolve your complaint. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services in Washington D.C. or to:

HHSC Civil Rights Office

Health and Human Services Commission
701 W. 51st Street, MC W206
Austin, Texas 78751
Phone: 1-888-388-6332 or (512) 438-4313
Fax: (512) 438-5885

VIII. Effective Dates

a. This notice goes into effect immediately, the policies and procedures detailed herein having been implemented prior to this notice. In the event of any revisions, a notice will be mailed to you.

IX. Privacy and Security Officer

a. Sharla Knippa, LPC acts as the Privacy and Security Officer for Mosaic Counseling, PLLC. Contact information is listed at the beginning of this form.