

Notice of Privacy Practices  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
and Drug Abuse Prevention, Treatment, and Rehabilitation Act

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

When you receive treatment or benefits (such as Medicaid) from Annette Anderson, I will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about my duty to protect your health information, your privacy rights, and how I may use or disclose your health information.

**Counselor/Therapist's Duties:**

- The law requires me to protect the privacy of your health information. This means that I will not use or let other people see your health information without your permission except in the ways I tell you in this notice. I will safeguard your health information and keep it private. This protection applies to all health information I have about you, no matter when or where you received or sought services. I will not tell anyone if you sought, are receiving, or have ever received services from me, unless the law allows or requires me to disclose that information.
- I will ask you for your written permission (authorization) to use or disclose your health information. There are times when I am allowed to use or disclose your health information without your permission, as explained in this notice. If you give me your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, I will not be liable for using or disclosing your health information before I knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to me, providing the date and purpose of the permission and saying that you want to revoke it.
- I am required to give you this notice of my legal duties and privacy practices, and I must do what this notice says. I will ask you to sign an acknowledgement that you have received this notice. I can change the contents of this notice and, if I do, I will have copies of the new notice at my office. The new notice will apply to all health information I have, no matter when I got or created the information.
- My employees (which I currently do not have) must protect the privacy of your health information as part of their jobs. I do not let my employees see your health information unless they need it as part of their jobs. I will punish employees who do not protect the privacy of your health information.
- I will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome without your specific written permission, unless the law allows me to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you either at my office or against any person who works at my office or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

#### Your Privacy Rights at my office

- You can look at or get a copy of the health information that I have about you. There are some reasons why I will not let you see or get a copy of your health information, and if I deny your request I will tell you why. You can appeal my decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it.
- You can ask me to correct information in your records if you think the information is wrong. I will not destroy or change your records, but I will add the correct information to your records and make a note in your records that you have provided the information.
- You can get a list of the disclosures of your health information that I made to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
- You can ask me to limit some of the ways I use or share your health information. I will consider your request, but the law does not require me to agree to it. If I do agree, I will put the agreement in writing and follow it, except in case of emergency. I cannot agree to limit the uses or sharing of information that are required by law.
- You can ask me to contact you at a different place or in some other way. I will agree to your request as long as it is reasonable.
- You can get a copy of this notice any time you ask for it.

#### Treatment, Payment and Health Care Operations

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for my own health care operations.

**Treatment:** I can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you and referring you to another health care provider. For example: I may use your health information in order to locate an appropriate referral for other services. Unless you ask me not to, I may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

**Payment:** I can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program or other private health insurances. For example, I can use your health information to bill your insurance company for health care provided to you.

Notice to applicants and recipients of financial assistance or payments under federal benefit programs:  
any information provided by you may be subject to verification through matching programs.

**Health Care Operations:** I can also use your health information for health care operations:

- Activities to improve health care, evaluating programs, and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, performance of health care professionals and others;
- Conducting training programs and resolving internal grievances;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions; and
- Engaging in business planning and management or general administration.

Unless you are receiving treatment for alcohol or drug abuse, the therapist is permitted to use or disclose your health information without your permission for the following purposes.

- **When required by law.** I may use or disclose your health information as required by state or federal law.
- **To report suspected child abuse or neglect.** I may disclose your health information to a government authority if necessary to report abuse or neglect of a child.
- **To address a serious threat to health or safety.** I may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.
- **For research,** I may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
- **To a government authority** if it is reported that you are a victim of abuse. I may disclose your health information to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights.
- **For public health and health oversight activities.** I will disclose your health information when I am required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- **To comply with legal requirements.** I may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- **For purposes relating to death.** If you die, I may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. I may also disclose information about you for burial purposes, including grave marker inscription, unless you tell me not to.
- **To a correctional institution.** If you are in the custody of a correctional institution, I may disclose your health information to the institution in order to provide health care to you.
- **If you are in the criminal justice system,** I may disclose your health information to other state agencies involved in your treatment, rehabilitation, or supervision.
- **For government benefit programs.** I may use or disclose your health information as needed to operate a government benefit program, such as Medicaid or Medicare.
- **To your legally authorized representative (LAR).** I may share your health information with a person the law allows to represent your interests.
- **If you are receiving services for mental retardation,** I may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, in accordance with the Persons with Mental Retardation Act, unless you tell me not to.
- **In judicial and administrative proceedings.** I may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires me to disclose it. Some types of court or administrative proceedings where I may disclose your health information are:
  - Commitment proceedings for involuntary commitment for court-ordered treatment or services.
  - Court-ordered examinations for a mental or emotional condition or disorder.
  - Proceedings regarding abuse or neglect of a resident of an institution.
  - License revocation proceedings against a doctor or other professional.
- **For national security.** I will disclose your health information if necessary for national security and intelligence activities, and to protect the President of the United States.
- **To the Secretary of Health and Human Services.** I must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

If you are also being treated for alcohol or drug abuse, the therapist/counselor will not tell any unauthorized person that you have been admitted to a treatment facility or that you are being treated for alcohol or drug abuse, without your written permission. I will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law.

The therapist/counselor may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 code of Federal Regulations Part 2 subpart E;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To report suspected child abuse or neglect;
- To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services, as allowed by law to investigate a report that you have been abused or have been denied your rights.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission.

Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

**COMPLAINT PROCESS:**

If you believe that the therapist/counselor has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Region VI, Office of Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
(214) 767-4056  
(214) 767-8940 (TDD)  
(800) 368-1019 (toll free OCR Hotline)

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

The therapist/counselor will not retaliate against you if you file a complaint.

*HIPAA (Health Insurance Portability and Accountability Act of 1996)*

The Notice of Privacy Practices for Annette Anderson, LCSW, provides specific information and a thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices dated April 14, 2020. I have been given the opportunity to review the notice prior to signing this consent.

Signature of Client or Legal Representative

Date

Patient or Legal Representative Printed Name