

NOTICE OF PRIVACY PRACTICES

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!

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

My Responsibility as Your Treating or Consulting Psychotherapist

The confidentiality of your personal health information is very important. Your health information includes records that I create and obtain when I provide treatment for you, such as a record of your symptoms, examination and test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your treatment or consultation.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice as to my duties and privacy practices as to the health information I collect and maintain about you;
- Abide by the terms of this Notice;

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, and to enact new provisions regarding the protected health information we maintain. If our information practices change, CMS will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, want additional information, or want to report a problem regarding the handling of your information, you may contact:

Ashlee N Albart, MS, LPC, NCC and HIPPA Compliance Officer
910 Gruene Road, Bldg 1
New Braunfels, TX 78130
T: (830) 433-7569
F: (830) 625-0603

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office by delivering the written complaint to me. You may also file a complaint by mailing it or emailing it to the Secretary of Health and Human Services whose street address and email address is:

Secretary of Health and Human Services (HHS)
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
T: 1-800-368-1019
Email: OCRprivacy@hhs.gov

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Ashlee N Albart, MS, LPC, NCC
Psychotherapy

USES and DISCLOSURES of INFORMATION

Under federal and state law, I am permitted to use and disclose personal health information without authorization under specific circumstances for treatment, payment, and health care operations.

Example of uses of your health information for treatment purposes:

I may need to contact other treating professionals to share medical information to coordinate your overall treatment. When I refer you to another provider I will share some of your medical information to facilitate the delivery of care. I will do this without your authorization only in urgent or emergent situations, and I will disclose only the minimum amount of information necessary for this purpose.

Example of use of your health information for payment purposes:

I may be asked to submit health information (your diagnosis and or treatment) to your health insurance company for assisting you in getting reimbursement for payment for services rendered.

Example of Use of Your Information for Health Care Operations:

I may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, etc. Ashlee Albart will share the minimum information about you with such business associates as necessary to obtain these services.

Other Uses/Disclosures That Can Be Made WITHOUT Your Authorization:

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without authorization for the following additional purposes:

ABUSE, NEGLECT or DOMESTIC VIOLENCE

As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. Texas law requires physicians to report child abuse or neglect. State regulations permit disclosure of personal health information to report abuse or neglect of elders, or the disabled. IF feasible, I will inform you promptly that I have made such a disclosure.

BUSINESS ASSOCIATES

I may share health information about you with business associates who are performing services on my behalf. For example I may contract with a company to service or maintain my office computer system, or to assist in billing and collections. My business associates are obligated to safeguard your health information.

COMMUNICABLE DISEASES

To the extent authorized or required by law, I may disclose information to a person who may have been exposed to a life threatening communicable disease who is otherwise at risk of spreading a disease or condition.

COMMUNICATIONS WITH FAMILY and FRIENDS

I may disclose information about you to persons, such as family members, relatives or personal friends, whom you have identified as responsible for your care or for payment of your treatment. Any such disclosure will be limited to information directly related to the person's involvement in your treatment.

If you are available, I will provide an opportunity to object before disclosing any such information. If you are unavailable because you are incapacitated or because of some other emergency situation, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

I may disclose health information about you to coroners or medical examiners, for example to assist in the identification of a decedent or determining cause of death. I may disclose your protected health information to funeral directors consistent with applicable law to allow them to carry out their duties.

DISASTER RELIEF

I may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.

If you are available, I will provide an opportunity to object before disclosing any such information. If you are unavailable because you are incapacitated or because of some other emergency situation, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

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FOOD AND DRUG ADMINISTRATION (FDA)

I may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacements.

OVERSIGHT AGENCIES

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations: inspections; licensures or disciplinary actions; and for similar reasons related to the administration of healthcare.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT

I may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or injury to assist in locating someone such as a fugitive or material witness or to make a report concerning a crime or suspected criminal conduct.

Examples include but are not limited to the following:

- Pursuant to a legal process, such as a warrant or a subpoena
- Pursuant to a crime that has occurred on my office premises
- Pertaining to locating a fugitive, missing person, or suspect
- Pertaining to a victim of a crime and you are incapacitated or I am unable to obtain your authorization or disclosure.
- Pertaining to a person who has died under circumstances that may be related to criminal conduct

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS

I may disclose your protected health information for specialized government functions authorized by law such as:

- National Security and intelligence activities
- Protection of the President and other government officials
- Protection of the health, safety, and security of correctional institutions
- To Armed Forces personnel, for national security purposes, or to public assistance program personnel

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

MINORS

If you are an emancipated minor under Texas law, there may be circumstances in which I disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with my legal or ethical responsibilities.

PARENTS

If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, I may disclose health information about your child to you under certain circumstances. For example, if I am legally required to obtain your consent in order for your child to receive care from me, I may disclose health information about your child to you.

In some circumstances, I may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment without separate consent from you, consents to such treatment and does not request that you be treated as his /her personal representative, I may not disclose health information to you.

PERSONAL REPRESENTATIVE

If you are an adult or emancipated minor, I may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

PSYCHOTHERAPY NOTES

During the course of your treatment, I may keep separate notes of your therapy sessions. These notes, known as "psychotherapy notes," are kept apart from the rest of your medical record, and do not include basic information such as your medication treatment record, counseling session start and stop times, the types and frequencies of treatment you receive, or your test results. They also do not include any summary of your diagnosis, condition, treatment plan, symptoms, prognosis, or treatment progress.

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Psychotherapy notes may be disclosed by me only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order to prevent harm to self or others, or to report child abuse or neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health insurance benefits for your treatment or to enroll in a health plan. Psychotherapy notes are not among the records that you may request to review or copy.

PUBLIC HEALTH ACTIVITIES

Ads required by law, I may disclose health information about you to public health authority, for example to report disease, injury or vital events, such as death.

PUBLIC SAFETY

Consistent with our legal and ethical obligations, I may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent serious or imminent harm to yourself or to other specific individuals.

REQUIRED BY LAW

I may disclose health information about you as required by federal, state, or other applicable law.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

RESEARCH

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

WORKERS COMPENSATION

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Your Health Information Rights

Under the U.S. Dept. Of Health and Human Services' Health Insurance Portability and Accountability Act (HIPPA), you have certain rights regarding the health information that I collect and maintain about you. This includes your right to request restrictions, to receive confidential communications by alternate means, to inspect and/or request copies of your protected health information, to request amendments of personal medical information, to request an accounting of certain disclosures, and to file complaints.

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your Protected Health Information

Request for Restrictions

You may Request that I restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. I do NOT have to agree to your requested restriction, but I will make efforts to comply with your request under urgent or emergency circumstances.

To request a restriction, submit the following in writing: the information to be restricted, what kind of restriction you are requiring (i.e. on the use of information, disclosure of information, or both), and to whom the limits apply. Please submit the request to my HIPPA compliance officer.

Request for a Copy of Notice of Privacy

You may request a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a written request at my office.

Request to inspect and for copies of protected health information

You may request to review, or to receive a copy of the health information about you. Texas law requires that requests for copies and requests for inspection of your medical information be made in writing.

Under Texas law your request may be denied, in the exercise of my professional judgment, under the following circumstances:

If I determine that the access requested is reasonably likely to endanger the life or physical safety of yourself or another person, or if disclosure would substantially exacerbate illness

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If the requested information makes reference to another person (unless such other person is a health care provider) and I determine that the access requested is reasonably likely to cause substantial harm to the other person or violate that person's rights to confidentiality

If the request for access is made by your personal representative and I determine that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If the requested information has been compiled in anticipation of litigation

I can refuse to provide access to or copies of certain protected health information for other reasons. If I am unable to satisfy your request, I will notify you in writing the reason for the denial and your right if any to request a review of the decision. Another licensed health provider who was not involved in the prior decision to deny access will make any such review.

The Texas State Board of Medical Examiners (TSBME) requires that I must respond within fifteen days of your written request of copies of medical records or a summary narrative. Federal (HIPPA) and state (TSMBME) law permits reasonable charge to copy medical records. The lower of the fees permitted by HIPPA or TSBME will be charged.

Request to amend Protected Health Information

You may request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.

Request for Accounting of Disclosures

You may request a list of my office's disclosure of your health information. This list, known as an "accounting" of your health information refers to disclosures that are OTHER than for treatment, payment, health care operations, or made upon the authorization signed by you or your representative. Your request should indicate the period of time in which you are interested in writing. I will provide you with the accounting free of charge. However, if you request more than one accounting disclosure in any 12-month period, I may charge for the cost of preparing and providing the list. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;

Request to Receive Confidential Communication by Alternate means

You may request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to my office. I am required to accommodate only reasonable requests. Please specify exactly how you want my office to communicate with you, and if you are requesting information to be sent to an alternative location, the contact and address information.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, and OTHER HEALTH-RELATED BENEFITS

My office or I may contact you by telephone, cellular phone, pager, voice mail, or postal delivery mail to provide appointment reminders information about treatment alternatives or other health-related benefits that may be relevant to your health care.

REVISIONS TO THE NOTICE

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected and obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties or other privacy practices described in the Notice, I will distribute the revised Notice, post it, or make copies available to you.

Effective Date: January 1, 2010