

## ***Intrinsic Motivation Counseling Services, LLC***

6510 Abrams Road, Suite 280

Dallas, TX 75231

Ph. 469-225-9551

### **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.

If you have any questions about this notice, please go to your program's Privacy Contact Person (Administrator).

#### ***Who Will Follow This Notice***

We understand that your health information is personal, and we are committed to protecting this information. We create a record of the care and services you will receive while at Intrinsic Motivation Counseling Services, LLC. We need this record to provide you with quality care and comply with certain legal requirements.

This notice describes Intrinsic Motivation Counseling Services, LLC's privacy practices and applies to all records of your generated at CRT, whether they are made by Intrinsic Motivation Counseling Services, LLC staff therapists or therapists. This notice will be followed by any individual authorized to enter information into your clinical record and anyone who may use or disclose Protected Health Information. This notice explains the ways in which Intrinsic Motivation Counseling Services, LLC may use and disclose health information. It also describes your rights and Intrinsic Motivation Counseling Services, LLC's obligations regarding the use and disclosure of health information. Our obligations include the following:

- We will make sure that health information which identifies you is kept private (with certain allowed expectations).
- We will give you this notice of our privacy practices.
- We will follow the terms of the notice that is currently in effect.

#### ***How I Use Or Disclose Information***

I must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

I have the right to use and disclose health information as follows:

- For Payment of health care services that I provide to you.
- For Treatment, I may disclose health information to your doctor's or hospitals to help them provide medical care to you.
- For Health Care Operations, I may use or disclose health information as necessary to operate and manage the EAP and to help manage your health care coverage. For example, I might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- To provide Information on Health Related Programs or Products, such as alternative medical treatments and programs or about health related products and services.

- To Plan Sponsors if your EAP coverage is through an employer group, I may share summary health information with the plan sponsor. In addition, I may share other health information with plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure of the information.
- For Appointment Reminders I may use health information to contact you for appointment reminders with providers who provide health care to you.

I may use or disclose your health information for the following purposes under limited circumstances in regards to therapy:

- In Persons Involved With Your Case I may disclose your health information to a person in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- For Public Health Activities such as reporting disease outbreaks.
- For Reporting Victims of Abuse, Neglect, of Domestic Violence to government authorities, including social service or protective service agency.
- For Judicial or Administrative Proceedings such as in response to a court order, search warrant or subpoena.
- For Law Enforcement Purposes such as providing limited information to locate a missing person.
- To Avoid a Serious Threat to Health or Safety by, for example, disclosing information to public health services.
- For Specialized Government Functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- For Workers Compensation including disclosures required by state workers compensation laws relating to job-related injuries.
- For Research Purposes such as research related to the prevention of disease or disability, if the research study meets all the privacy law requirements.
- To Provide Information Regarding Decedents I may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. I may also disclose information to funeral directors as necessary to carry out their duties.
- If a use of disclosure of health information is prohibited or materially limited by other applicable law, it is my intent to meet the requirements of the more stringent law.

### ***Highly Confidential Information***

Federal and applicable state laws may require special privacy protections for highly confidential information about your. “Highly confidential information,” may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

1. HIV/HIVS
2. Mental Health
3. Genetic tests
4. Alcohol and drug abuse
5. Sexually transmitted diseases and reproductive health information
6. Child or adult abuse or neglect, including sexual assault

### ***What Are Your Rights***

- Review and obtain a paper copy of the notice of information practices and your health information upon request. A few exceptions apply. Copy charges may apply.

- Request and provide written authorization and permission to release PHI for purposes of outside treatment and health care. This authorization excludes psychotherapy notes and any audio/video tapes that may have been made with your permission for training purposes.
- Revoke your authorization in writing at any time to use, disclose, or restrict health information except to the extent that action has already been taken.
- Request a restriction on certain uses and disclosures of PHI, but we are not required to agree to the restriction request. You should address your restriction in writing to the Privacy Officer by asking for name of Privacy Officer, address, and phone. We will notify you within 10 days if we cannot agree to the restriction.
- Request that we amend your health information by submitting a written request with reasons supporting the request to the Privacy Officer. We are not required to agree with the requested amendment.
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment, health care operations, and certain other activities for the past six years but not before April 14, 2003.
- Request confidential communications of your health information by alternative means or at alternative locations.

### *Exercising Your Rights*

Filing a Complaint. If you believe your privacy rights have been violated, you may file a complaint with your Privacy Officer. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. I will not take any action against you for filing a complaint.

***Intrinsic Motivation Counseling Services, LLC***

6510 Abrams Road, Suite 280

Dallas, TX 75231

Ph. 469-225-9551

**Acknowledgment of Receipt of Notice of Privacy Practice**

\*\*\* You may refuse to sign this acknowledgment. \*\*\*

I \_\_\_\_\_ have received a copy of the above names health care provider(s) Nature of Privacy Practices in Accordance with the Standards of Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act of 1996.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

\*\*\* *For Office Use Only* \*\*\*

We attempted to obtain written acknowledgement of receipt of our HIPPA Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ Legal Guardian

\_\_\_\_\_ Other (Please Specify Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_