



Notice of HIPPA 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.**

Your Rights

Get an electronic or paper copy of your medical record	<p>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</p> <ul style="list-style-type: none">• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, however, we will tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone), e-mail, or to send mail to a different address.• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none">• We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.



File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Executive Director: Liesal Miller, Licensed Marriage and Family Therapist, by mail at 205 S. Ballard Street, Wylie, Texas 75098; by phone at 469-757-4525; or by e-mail at beaconcounselingcenter@gmail.com.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-6966775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can give us permission to share with another person or entity. Examples of such situations are described below.

You have both the right and choice to consent in writing, in these cases:

- Share information with your family, close friend, or others involved in your care
- Share information regarding a minor child (under 18 years old), requiring parental consent

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will **NEVER** share information unless given written consent:

- In regard to most psychotherapy notes, unless mandated by the law or a court order
 - For marketing purposes
 - Sale of information
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Our Uses and Disclosures

We may use or share your health information in the following ways, for:

Treatment

- We can use your health information and share it with other professionals who are treating you, with your permission

Example: It may be important for your therapist to communicate with your psychiatrist to share information regarding medication and symptoms

Organizational Management

- We can use and share your health information within Beacon Counseling to run our practice, improve your care, and contact you when necessary.

Example: We use health information to contact you in the case that a therapist becomes ill and is unable to contact you personally.

Billing

- We can use and share your health information to bill and receive payment from insurance, our online payment system, or other entities.

Example: We give information about you to your health insurance plan so it will pay for services, when using insurance to cover the cost of treatment



Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to public good, such as public health information and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public safety and health issues	<ul style="list-style-type: none">• We can share information about you for certain situations such as:<ul style="list-style-type: none">• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to someone else’s or your own health or safety• Reporting adverse reactions to medications• Preventing disease
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with State and Federal regulation boards if they want to audit our practice to see that we are complying with state and federal laws
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers’ compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and under “forms” on our website.



Notice of HIPAA Privacy Practices

I/We have read and received a copy of the Notice of Privacy Practices document.

Printed Name of Client

Signature of Client

Signature of Legal Representative - Parent/Guardian of minor, Conservator – *If needed*

Date

Witness/Therapist Signature