



Notice Of Privacy Practices

Each time you visit a hospital, physician, mental health professional or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, in the case of a mental health professional, psychotherapy notes, and a plan for treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided a tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation a source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

A federal law commonly known as HIPAA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this process, I am required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgment that you received a copy of the Notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

I must:

- Make certain that medical information that identifies you is kept private
- Make certain that you are given notice of our legal duties and privacy practices with respect to your medical information
- Make certain that I follow the terms of the Notice of Privacy Practices that is currently in effect

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section II G of this notice.

The following describes different ways we use and disclose your medical information. If you are receiving services for the evaluation or treatment of substance abuse or Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the section entitled Substance Abuse Health Information and HIV Information for those rules.



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

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. Payment: I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
3. Health Care Operations: I may use and disclose PHI in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. I may use or disclose your protected health information, as necessary, to contact you to remind you of upcoming appointments.
4. Required or Permitted by Law; I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

SUBSTANCE ABUSE HEALTH INFORMATION. Alcohol and drug abuse information has special privacy protections. The counseling services of Molina Davis, LPC will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: the client consents in writing; a court order requires disclosure of the information; medical personnel need the information to meet a medical emergency; qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

HIV INFORMATION. All medical information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any medical information referencing HIV status may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

B. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes: Notes recorded by your counselor documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your counselor and will not otherwise be used or disclosed without your written authorization.
2. Marketing Communications: Your counselor will not use your health information for marketing communications without your written authorization.
3. Other Uses and Disclosures: Uses and disclosures other than those described in Section IA above will only be made



with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, your request may be denied. Information regarding how to initiate the review process will be provided in writing at the time of any denial of access to your medical information. I may charge a fee for the costs of copying and sending you any records requested.

B. Right to Alternative Communications. You may request, and I will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to the Privacy Officer.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to Molina Davis, LPC as indicated below. I am not required to agree to any such restriction you may request. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment. You have the right to request that I amend your health information if you feel that your medical information is incorrect or incomplete. Your request must be in writing, and it must explain why the information should be amended. Your counselor will have 15 days to respond to your request to amend. I may deny your request under certain circumstances, such as if the record was not created by me, if the person or entity that created the information is no longer available to make the amendment, if it is not part of the information which you would be permitted to inspect or copy, or is accurate and complete.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints. If you desire further Information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer, Molina Davis, MEd, LPC at 1400 South Congress, Ste B250 Austin, TX 78704, 512-569-7452. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003.

B. Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for any PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, acknowledge that I received a copy of the Notice of Privacy Practices for Molina Davis, MEd, LPC.

Signature of client (or personal representative) _____

If this acknowledgment is signed by a personal representative, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

=====
For Office Use Only

I attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented me from obtaining acknowledgment
- Other (Please Specify):

This form will be retained in your medical record.