Lauren Reiter LCSW

708 Paluxy Rd, Suite I

Granbury, TX. 76048

(817) 770-0470

Notice of Privacy Practices

This notice describes how PHI about you may be used and disclosed and how you can get access to this information. Please review it carefully.

My Promise to You

I am required by law to protect the privacy of your personal health information, and to abide by the terms of the notice of privacy practices in effect.

Complaints

If you are concerned that your privacy rights have been violated, you may contact me or send a written complaint to the United States Department of Health and Human Services. I will not retaliate against you for filing a complaint with the government or with me.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described, please feel free to contact me at the address/phone number listed at the end of this notice.

Policies and this notice may change at any time. Those revised policies will apply to all the PHI that I maintain. If or when this notice is changed, the new notice will be [posted or provided to you.

My Responsibilities

I am required by applicable federal and state law to maintain the privacy of your protected health information. Protected health information (PHI) is information about you, including demographic information that may identify and relates to your past, present, or future physical or mental health or condition and related to health care services. I am required to give you this notice about my privacy practices, legal duties, and your rights concerning your PHI. I must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 9, 2018 and will remain in effect until it is replaced.

I reserve the right to change my privacy practice and terms of this notice at any time, provided such changes are permitted by applicable law. I reserve the right to make changes in my privacy practices and the new terms of my notice effective for all PHI that I maintain, including PHI that I create or received before I made the changes. Before significant changes in my privacy practices are made I will make the new notice available upon request.

For information about privacy practices or for additional copies of this notice please contact me using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

I use and disclose PHI about you for treatment and health care operation. Following are examples of the types of uses and disclosures that I am permitted to make:

Treatment

I am permitted to use and disclose your PHI to those involved with your treatment. For example, if you are referred to a specialist, some of your PHI will be shared to facilitate the delivery of care. I may also request that your primary care physician or psychiatrist share information with me about your particular condition.

Payment

I am permitted to use and disclose your PHI to bill and collect payment for the services provided to you. For example, I may complete a claim form to obtain payment from your insurer or HMO if I decide to take insurance in the future. This form will contain PHI, such as description of the medical services provided to you that your insurer or HMO would need to approve payment to me.

Health Care Operations

I am permitted to use or disclose your PHI to bill and collect payment for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, I may engage the services of a professional to aid this practice in it’s compliance programs. This person will review billing and medical files to ensure that I maintain my compliance with regulations and the law. I also may ask another professional such as an LPC, MD, or LCSW to review this practices charts and medical records to evaluate performance so that I may ensure that the best quality of care is provided to you.

Disclosures That Can Be Made Without Your Authorization

There are situations in which I am permitted by law to disclose or use your PHI without your written authorization or an opportunity to object. In other situations, I will ask for your written authorization before using or disclosing any identifiable health information about you. if you chose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop future uses and disclosures. However any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse, Neglect, and Health Oversight

I may disclose your PHI for public health activities. Public health activities are mandated by federal, state or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. I may disclose PHI, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

I may also disclose PHI to a public agency authorized to receive reports of child abuse or neglect. Texas law requires mental health professionals to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or disabled.

I may disclose PHI to a health oversight agency for those activities authorized by law. Examples of these activities include audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

I may disclose your PHI in the course of a judicial or administrative proceedings in response to an order from the court or the administrative decision maker or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, I may disclose your PHI under limited circumstances provided that the information is released pursuant to a legal process, such as a warrant or subpoena, ; pertains to a victim of crime and you are incapacitated; pertains to a person who has died under circumstances that may be related to criminal conduct; is about a victim or a crime and I am unable to obtain the person’s agreement; is released because of a crime that has occurred on these or other business premises; or is released to locate a fugitive, missing person, or suspect. I may also release the information if I believe the disclosure is necessary to prevent or lesson an imminent threat to the health or safety of a person.

Workers’ Compensation

I may disclose your PHI as required by the Texas Workers’ Compensation Law.

Inmates

If you are an inmate or under the custody of law enforcement, I may release your PHI to correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care to protect your health or the health and safety of others or the safety and security of the institution.

Military, National Security and Intelligence Activities Protection of the President

I may disclose your PHI for specialized governmental functions such as separation or discharge from military services, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by an institutional review board, I may release PHI to researchers for research purposes. I may release PHI to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, I may release your PHI to a coroner or medical examiner to identify a deceased or a cause of death. Further, I may release your PHI to a funeral director where such a disclosure is necessary for the director to carry out his disclosure.

Required by Law

I may release your PHI where the disclosure is required by law.

Your Rights Under Federal Privacy Regulations

The United State Department of Health and Human Services created regulations intended to protect privacy as required by the Health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that clients may exercise. I will not retaliate against a client that exercises their HIPPA rights.

Requested Restriction

You may request that I restrict or limit how your PHI is used or disclosed for treatment, payment, or healthcare operations. I do NOT have to agree to these restrictions, but if I do agree, I will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing:

1. The information to be restricted

2. What kind of restriction you are requesting (i.e. in the use of information, the disclosure of information, or both)

3. To whom the limits apply.

Please send the request to the address listed at the end of this notice. You may also request that I limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

Receiving Confidential Communications by Alternative

Means that you may request that I send communications of PHI by alternative means or to an alternative location. This request must be made in writing to me at the address listed below. I am required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want me to communicate with you and if you are directing me to send it to a particular place, the contact and address information.

Inspections and Copies of Protected Health Information

You may inspect or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies are made in writing and I ask that requests for inspection of your health information also be made in writing. Please send your request to me at the address listed at the end of this notice.

I can refuse to provide some of the information you ask to inspect or ask to be copied if the information: 1. Includes psychotherapy notes

2. Includes the identity of a person who provided information if it was obtained under a promise of confidentiality

3. Is subject to the Clinical Laboratory Amendments Act of 1988

4. Has been compiled in anticipation of litigation

I can refuse to provide access or copies of some information for other reasons, provided that I provide a review of my decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that I provide copies or a narrative within 15 days of your request. I will inform you of when the records are ready or if I believe access should be limited. If I deny access, I will inform you in writing.

HIPAA permits me to charge a reasonable cost based fee. Fees will be assessed and charged on the basis of limits set by HIPAA and or Texas State Board of Social Workers Examiners.

Amendment of PHI

You may request an amendment of your PHI in the designated record set. Any such request must be made in writing to the person listed at the end of this notice. I will respond within 60 days of your request. I may refuse to allow an amendment if the information:

1. Was not created by myself or other professionals that may be a part of this practice

2. Is not a part of the designated record set

3. Is not available for inspection because of an appropriate denial

4. If the information is accurate and complete

Even if I refuse to allow an amendment you are permitted to include a client statement about the information at issue in your medical record. If I refuse to allow an amendment, I will inform you in writing. If I approve the amendment, I will inform you in writing, allow the amendment to be made, and tell others that I now have the correct information.

Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request and for me to provide an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization. Please submit a request for an accounting to the person listed below. Your first accounting of disclosures within a 12 month period will be free. For additional requests within that period, I am permitted to charge for the cost of providing the list. If there is a charge I will notify you and you can choose to withdraw or modify your request before any costs are incurred.

Appointment Reminders, Treatment Alternatives and Other Health-Related Benefits

I may contact you by telephone, mail, or both to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Contact Information for Requests

Lauren Reiter LCSW 416

Morgan St.

Granbury, TX 76048

817-770-0470

Acknowledgement of Review of notice of Privacy Practices

I have reviewed this practice’s Notice of Privacy Practices, which explains how my PHI will be used and disclosed. I understand that I was presented and/or received a copy of this document.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Legal Guardian Date

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

Witness Date