

**Doug McFarland LCSW  
6304 Roseborough Drive  
Austin, Texas 78747  
512/705-1462 cell/office**

**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 and regulation 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 the person listed below. You may also 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 me.

The contact information for the United States Department of Health and Human Services is:

Office for Civil Rights, DHHS  
1301 Young Street – suite 1169  
Dallas, TX 75202  
(214) 767-4056  
(214) 767-8940 (TDD)  
(214) 767-0432

**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 any time. Those revised policies will apply to all the protected health information 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 you and that relates to your past, present, or future physical or mental health or condition and related 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 April 2009 and will remain in effect until it is replaced.

I reserve the right to change my privacy practice and the terms of this notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my notice effective for all PHI that I maintain, including PHI I created 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 more 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, to obtain payment for treatment and health care operations. 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 in 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. The form will contain PHI, such as a description of the medical service provided to you that your insurer or HMO needs to approve payment to me.

### **Health Care Operations**

I am permitted to use or disclose your PHI 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 its compliance programs. This person will review billing and medical files to ensure I maintain my compliance with regulations and the law. I also may ask another professional such as a LPC, MD, LCSW to review this practice's 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 choose 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 the disabled.

I may disclose your PHI to a health oversight agency for those activities authorized by law. Examples of these activities are 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 judicial or administrative proceedings in response to an order of 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 legal process, such as a warrant or a 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 lessen 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**

I may release your PHI to the appropriate correctional institution or law enforcement official if you are an inmate or under the custody of law enforcement. 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 or privacy 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 States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. I will not retaliate against a patient that exercises their HIPAA rights.

### **Requested Restriction**

You may request that I restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. I do NOT have to agree to this restriction, 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, 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 you may request that I send communications of protected health information 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/address information.

### **Inspections and Copies of Protected Health Information**

You may inspect and 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 request 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 Improvements Amendments of 1988.
4. Has been compiled in anticipation of litigation.

I can refuse to provide access to 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 bases of limits set by HIPAA and or the Texas Behavioral Health Executive Council ( formerly Texas State Board of Social Work 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 part of this practice
2. Is not 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 HIPPA 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 signed by you or your representative. Please submit any 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 may 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**

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