

**Cheryl Bias, LCSW
4131 Spicewood Springs Rd., #M-1
Austin, Texas 78759**

NOTICE OF PRIVACY PRACTICES

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

My commitment to your privacy.

I am dedicated to maintaining the privacy of your personal physical and mental health information as part of providing professional care. I am also required by law to keep your information private. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practice (NPP) describes how this information may be used and disclosed in accordance with the Code of Ethics of the American Psychological Association and the National Association of Social Workers. It also describes your rights regarding how you may gain access to and control your PHI. If you have any questions, please talk to me.

How Mental Health Information About You Might Be Used

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization. I may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign a Release form to allow this. I reserve the right to change the terms of the NPP at any time. Any new NPP will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised NPP by providing you a copy at your next appointment.

For Payment. I may use and disclose PHI so that I can received payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization. Of course, I will keep your health information private but there are some times when the laws require me to use or share it. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without any authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA (Health Insurance Portability and Accountability Act):

1. **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
 2. **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
 3. **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.
 4. **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
 5. **Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
 6. **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information including government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
 7. **Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with reporting a crime in an emergency, or in connection with a crime on the premises.
 8. **Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
 9. **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
 10. **Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
 11. **Research.** PHI may only be disclosed after a special approval process.
- Besides treatment, payment, and other health care operations noted above, any uses or disclosures not permitted by applicable law will be made only with your written authorization, which you may revoke at any time, if you wish.

Verbal Permission. I may also use or disclose your information to family members that directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your Rights Regarding Your PHI

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing to your therapist.

1. **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. One exception to this is the psychotherapy session notes; these notes are confidential and for your therapist's personal use only. Your right to inspect and copy accessible PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You may be charged a reasonable fee for copying.
2. **Right to Amend.** If you feel the PHI your therapist has is incorrect or incomplete, you may ask to amend the information although your therapist is not required to agree to the amendment.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that your therapist makes of your PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am requested to honor your request for restriction.
5. **Right to Request Confidential Communication.** You have the right to request that your therapist communicate with you about treatment matters in a certain way or at a certain location.
6. **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. **Right to a Copy of this Notice.** You have a right to a copy of this notice.

Complaints

If you believe your privacy rights have been violated, you have a right to file a complaint in writing with me at this office or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. or by calling (202)619-0257.

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I have read and understood the Notice of Privacy Practices as outlined by HIPAA (Health Insurance Portability and Accountability Act). I understand that if I have any questions regarding the Notice or my privacy rights, I can contact **Cheryl Bias, LCSW**.

Signed: _____

Date: _____