

*\*This copy is for you to keep\**

**Bradley D. Powell, PhD**  
**NOTICE OF PRIVACY PRACTICES:**  
**Effective June 1, 2004**

**A Summary of the Provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164).**

**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.**

**Who Will Follow This Notice**

This notice describes the practices of the Bradley D. Powell, PhD and that of:

- Any clinic staff member qualified to enter information in your clinic chart.
- All departments and units of the Clinic.
- Any member of a volunteer group we allow to help in the Clinic.
- All employees, staff, and other clinic personnel.
- All these listed entities, sites, and locations follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment, or other clinic operations described in this notice.

**The Psychology Clinic Pledge Regarding Protected Health Information**

We, the staff at the Bradley D. Powell, PhD, understand that your protected health information is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Bradley D. Powell, PhD Psychology Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

The clinic may use or disclose your protected health information, for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- *“Protected Health Information”* refers to information in your health record that could identify you.
- *“Treatment, Payment and Health Care Operations”*

- *Treatment* is when the clinic provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when the clinic consults with another health care provider, such as your family physician or another psychologist.
- *Payment* is when the clinic obtains reimbursement for your healthcare. Examples of payment are when the clinic discloses your protected health information to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of the clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the clinic, such as releasing, transferring, or providing access to information about you to other parties.

## **II. How the Bradley D. Powell, PhD Psychology Clinic May Use and Disclose Protected Health Information about You**

### **A. Uses and Disclosures of Requiring Authorization**

The clinic may use or disclose protected health information for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the clinic has asked for information for purposes outside of treatment, payment and health care operations, an authorization will be obtained from you before releasing this information.

A separate authorization will be also be obtained before releasing your therapy progress notes. “*Therapy progress notes*” are notes the clinician has made about the goal, intervention and outcome of the therapy/assessment services provided. These notes are given a greater degree of protection than your protected health information.

You may revoke all such authorizations (of protected health information or therapy progress notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the Bradley D. Powell, PhD Psychology Clinic has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

The following categories describe different ways that the clinic uses and discloses protected health information. Not every use or disclosure in a category will be listed. However, all of the ways the clinic is permitted to use and disclose information will fall within one of these categories.

- **For treatment.** The clinic may use medical information about you to provide you with treatment or other services. Protected health information may be disclosed about you to clinical supervisors, graduate student therapists, consulting psychiatrists, and other clinic personnel who are involved in your care. For example, the student therapist will communicate with a faculty clinical supervisor who will assist in your treatment. With your written authorization, the clinic also may disclose information about you to people outside the clinic who may be involved in your care, such as family members and others.
- **For payment.** The clinic may need to disclose protected health information about you so that treatment and services you receive at the clinic may be billed and payment may be collected from you, an insurance company, or a third party. For example, the clinic may need to disclose information about the services you receive at the clinic so your health plan will pay the clinic or

reimburse you for the services. Your health plan provider may be told about a treatment you are going to receive to determine whether your plan will cover the treatment. Again, the clinic will obtain written authorization to disclose this information.

- For health care operations. The clinic may use and disclose protected health information about you for clinic operations. These uses and disclosures are necessary to run the clinic and make sure that all clients receive quality care. For example, the clinic may use protected health information to review its treatment and services and to evaluate the performance of the clinic's staff in caring for you. The clinic may disclose information to clinic professionals, staff, and students for review and learning purposes. The clinic may combine the information with information from other clinical programs to compare how it is doing and to see where improvements can be made in the care and services the clinic offers. In these cases, the clinic will remove information that identifies you from this set of medical information.
- Appointment reminders. The clinic may use and disclose medical information to contact you as a reminder that you have an appointment at the clinic. For example, a message may be left on your answering machine or an e-mail appointment reminder may be sent to the e-mail address you provided. You have the right to be contacted by another method if you prefer. However, you must inform us in writing about your preference and we must agree to that request. If we agree to your request, we are bound to abide by it.
- Clinic calendar. The clinic may include certain limited information about you on a clinic calendar which may be shared with clinic personnel.
- Research. Under certain circumstances, the clinic may use and disclose protected health information about you for research purposes. Before the clinic discloses or uses the protected health information for research, the project will have been approved through a University research approval process external to the clinic, but information may be disclosed about you to people preparing to conduct a research project. Your specific permission will always be sought before the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the clinic.

#### B. Uses and Disclosures with Neither Consent nor Authorization

The Bradley D. Powell, PhD Psychology Clinic may use or disclose protected health information *without your consent or authorization* in the following circumstances:

- Child Abuse: If you provide information that leads the clinic staff to suspect child abuse, neglect, or death due to maltreatment, such information must be reported to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, the clinic must do so.
- Adult and Domestic Abuse: If information you give provides reasonable cause to believe that a disabled adult is in need of protective services, the clinic must report this to the Director of Social Services.
- Health Oversight: The Texas Psychology Board has the power, when necessary, to subpoena relevant records should the clinic be the focus of an inquiry.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about the professional services that the clinic has provided you and/or the records thereof, such information is privileged under state law, and the clinic must not release this information without your written authorization, or a court order. This privilege does not apply when

you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- Serious Threat to Health or Safety: The clinic may disclose your confidential information to protect you or others from a serious threat of harm by you.
- Worker's Compensation: If you file a workers' compensation claim, the clinic is required by law to provide your mental health information relevant to the claim to your employer and the Texas Worker's Compensation Commission.

### C. Other uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to the clinic will be made only with your written permission. If you provide the clinic permission to use or disclose medical information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, the clinic will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the clinic is unable to take back any disclosures it has already made with your permission, and that it are required to retain our records of the care we provide to you.

## **III. Your Rights Regarding Protected Health Information About You**

As a client at the Bradley D. Powell, PhD Psychology Clinic, you have the following rights regarding protected health information that is maintained about you.

- Right to Request Restrictions –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the clinic is not required to agree to a restriction you request.

To request restrictions, you must make your request in writing to the clinic director. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the clinic. Upon your written and approved request, messages for you can be left by another method).

To request confidential communications, you must make your request in writing to the clinic director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to inspect and copy.
- You have the right to inspect and copy protected health information that may be used to make decisions about your care as long as this information is maintained in the record.
- To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the clinic office. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances.
- If you are denied access to protected health information, you may request

- that the denial be reviewed. Another licensed health care professional
- chosen by the clinic will review your request and the denial. The person
- conducting the review will not be the person who denied your request. We
- will comply with the outcome of the review.

➤ Right to Amend – You have the right to request an amendment of your protected health information for as long as this information is maintained in the record. On your request, the clinic staff will discuss with you the details information of the amendment process.

To request an amendment, your request must be made in writing and submitted to the clinic director. In addition, you must provide a reason that supports your request. The clinic may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, your request may be denied if you ask the clinic to amend information that:

- Was not created by the clinic, or, if the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the information kept by or for the clinic;
- Is not a part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤ Right to an Accounting – You generally have the right to receive an accounting of disclosures of your protected health information for which you have neither provided consent nor authorization (as described in Section II, B of this Notice). On your request, the clinic staff will discuss with you the details of the accounting process.

➤ Right to a paper copy of this notice. You have a right to a paper copy of this notice. You may ask a clinic staff member to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, call the clinic office at (979) 774-9255.

#### **IV. The Bradley D. Powell, PhD Psychology Clinic's Duties:**

- ➤ The staff of the Bradley D. Powell, PhD Psychology Clinic is required by law to maintain the privacy of your protected health information and to provide you with a notice of its legal duties and privacy practices with respect to this information. You will receive a copy of these policies each time you begin a new treatment at the clinic you will be offered a copy of the current notice in effect. A copy of the current notice will be available in the clinic. The notice will contain on the first page, the effective date.
- ➤ The clinic reserves the right to change the privacy policies and practices described in this notice. Unless the clinic notifies you of such changes, however, it is required to abide by the terms currently in effect.
- ➤ If the clinic revises its policies and procedures, it will make copy of the revised policy available to all clinic clients.

#### **V. Questions or Complaints**

If there is any information in this pamphlet that you do not understand, you may ask....

- your therapist
- his/her supervisor
- one of the Clinic Assistant Directors
- or the Clinic Director

If you are concerned that your privacy rights at the Bradley D. Powell, PhD Psychology Clinic have been violated, or you disagree with a decision the clinic has made about access to your records, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services.

To file a complaint with the clinic, contact Dr. Bradley D. Powell, Clinic Director, (979) 774-9255. All complaints must be submitted in writing.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.