

HIPAA Notice of Privacy Practices

Robert N. Fisher, LMFT, BCPC, CART
Texas Marriage and Family Therapy License No. 4962
P.O. Box 792231, San Antonio, TX 78279

This notice describes how medical information about you (the client) may be used and disclosed and how you gain access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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.

1. **Uses and Disclosures of PHI:** Your PHI may be used and disclosed by your therapist, my office staff or others outside of my office that are involved in your care and treatment for the purpose of providing health care services to you, your dependents or others for whom you've obtained or sought care, to pay your health care bills, to support the operation of our offices, payments of accounts and any other use required by law.
2. **Treatment:** We will use and disclose your PHI to provide, coordinate or manage your mental health care and related services. This includes coordination or management of your health care with third parties. (Example: disclosing PHI to physician or home health agency providing care to you.)
3. **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
4. **Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of this office. These include, but are not limited to, quality assessment activities, employee review activities, conducting or arranging for other business activities. We may use or disclose your protected health information, for example, to contact you to remind you of your appointment.
5. **We may also use or disclose your PHI in the following situations without your authorization:** As required by law, public health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates: required uses and disclosures under law. We must make disclosures to you and when required by the Secretary of the Dept. of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.
6. **Other permitted and required uses and disclosures** will be made only with your consent, authorization or opportunity to object, unless required by law.
7. **You may revoke this authorization, at any time, in writing, except** to the extent that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: The following is a statement of your rights with respect to your PHI.

1. **Section 611.008 of the Texas Health and Safety Code** allows me 15 days to provide a copy of your recorded health care information after receiving your written request.
2. **Section 611.008 of the Texas Health and Safety Code** You have a right of access to recorded health care information upon written request. You have a right to inspect and copy your PHI. Neither you nor an attorney have a right to my “psychotherapy notes,” which I use to prepare your records, Also, under federal law, you may not inspect nor copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI.
3. **Section 611.008 of the Texas Health and Safety Code** allows me to charge a reasonable fee for providing to you your health care information, and I am not required to give you the copy until the fee is paid unless there is a medical emergency. My fee is 50 cents per page if the total number of pages exceeds twenty. **Note** that if the copy of your health care information is for your treatment by another counselor or physician, I will need a “Release of Information” or other such form completed and signed by you, and there will be no charge. (Also, there is no fee for copies of HIPAA documents.)
4. **Section 153.073 of the Texas Family Code** states that a parent appointed as conservator has full and equal access to the medical, dental, psychological, and educational records of a child. If you are requesting this information, the request must be in writing with your proof of your status of conservator.
5. **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state specifically the restriction requested and to whom you want the restriction to apply. The therapist will then sign the request, and make a copy for all parties involved, to insure the request has been received.

Your therapist is not required to agree to a restriction you may request. If the therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

6. **You have the right to request** to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically).
7. **You may have the right to have your therapist amend your PHI.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.
8. **You have the right to receive an accounting of certain disclosures we have made,** if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.
9. **Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. **A complaint to the Secretary can be sent to: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Voice Phone (214) 767-4056. FAX (214) 767-0432. TDD (214) 767-8940.** You may file a complaint with us by notifying Robert Fisher. We will not retaliate for filing a complaint.

HIPAA Office Privacy Policies and Procedures

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Revision Date: 06 October 2009

Confidentiality and privacy are the cornerstones of the mental health professions. Patients have an expectation that their communications with therapists, and their treatment records, will generally be kept confidential and will not be released to others without the written authorization of the patient. One of the purposes of the Notice of Privacy Practices is to inform and educate patients about the fact that there are exceptions to the general rule of confidentiality. Many of these exceptions have existed for years, and many of them are the result of laws and regulations being passed by state legislatures and by the federal government. These laws and regulations are essentially statements of public policy. My office policies and procedures, as well as the ethical standards of my profession, are intended to shape my practice so that privacy and confidentiality are maintained, consistent with the federal "Privacy Rule."

1. Privacy Officer: I, Robert Fisher, MS, LMFT, BCPC, CART, am the privacy officer for this practice which is also known as *Robert N. Fisher, LMFT* and *Building Stronger Families* (Bexar County DBAs). I am the person responsible for developing and implementing these policies and procedures.
2. Contact Person: I, Robert N. Fisher, MS, LMFT, BCPC, CART, am the contact person for this practice. If a patient needs or desires further information related to the Notice of Privacy Practices, or if the patient has a complaint regarding these policies and procedures or our compliance with them, I am the person who should be contacted.
3. The effective date of these policies and procedures is October 1, 2009.
4. I will maintain documentation of all consents, authorizations, Notices of Privacy Practices, Office Policies and Procedures, training, and patient requests for records or for amendments to records. I will also document complaints received and their disposition.
5. ~~I will train all employees of my practice regarding the importance of privacy and confidentiality. At a minimum, these Office Policies and Procedures will be reviewed and discussed, as will the content of the Notice of Privacy Practices. The training will take place as soon as possible after the person is hired. For those who are already in my employ, I will train them by _____.~~ Robert N. Fisher has no employees.
6. I will not maintain nor use patient sign-in sheets.
7. Conversations regarding confidential material or information will take place in an area and in a manner where they will not be easily overheard.
8. Patient records are kept in a locked (a vertical four drawer multi-lock) file cabinet in my residence (home office.) Patient records will not be left in places in my office where others are able to see their contents. I will take steps to assure that patient records are accessed only by me or by others with my permission, who may need to access them on my behalf or on the patient's behalf. When I leave my home office your records will be in the locked file cabinet. Also, when transporting your records, your records will be kept as secure as is reasonably possible, and if I make a stop prior to arriving at my home office, your records will be placed in the transporting vehicle's trunk or other reasonably secure location within the vehicle.
9. Effective 01 August 2009, the Federal Trade Commission (FTC) is enforcing the Red Flags Rule which is designed to prevent identity theft. This rule requires certain types of businesses to develop a program to identify, detect, and respond to patterns, practices or other warning signs (red flags) of identity theft. In the

context of my business identity theft happens when a person wants my help while using someone else's name or insurance information. Identified examples of red flags signaling identity theft include notices or alerts from a credit reporting company; suspicious documents such as drivers licenses that do not match the client's description; suspicious personal identifying information; and notices from a victim of identity theft, a law enforcement agency, an insurance company, or other sources suggesting possible identity theft. To deal with this I am to verify my client/s identity, and I will do so by asking for a current driver's license or similar identification. In response to suspected identity theft I will contact clients to verify information, not collect on suspicious accounts, and with client's permission contact law enforcement. AAMFT Code of Ethics and state MFT codes of ethics apply.

Contact Robert N. Fisher, 210.872.1828, for questions regarding the content of these documents.

I am required by law to maintain the privacy of, and provide individuals with this notice of my legal duties and privacy practices with respect to PHI (Protected Health Information). If you have any objections to this form, please ask Robert Fisher.

Signature below is simply acknowledgment of receipt of the documents: *Notice of Privacy Practices* and *Office Privacy Policy and Procedures*.

For additional assurance, you may initial each page of these documents, receive the initialed copies, then sign below for my office record.

Name (print): _____ Date: _____

Signature: _____

Name (print): _____ Date: _____

Signature: _____

Name (print): _____ Date: _____

Signature: _____