

Notice of Privacy Practices

1

Bill Woodburn, MEd, LPC, LMFT

BillWoodburnLPC, P.C.

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

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires me to keep your Personal Healthcare Information (or PHI) private and to give you this notice of my legal duties and my privacy practices. This notice tells how I handle counseling information in my office, how it is shared with other professionals, and how you can access it. Managing privacy is complicated by many federal and state laws. Some of the most common are detailed in this notice, but this may not be a complete list of all your rights. These laws also change from time to time. When they do, a new version of this notice will be posted on my website - billwoodburnlpc.com - and new procedures will be put in place. If you have any questions I will be happy to help you understand my procedures and your rights to the best of my ability.

What is Protected Health Information?

Each time you visit me (or any other legally designated "healthcare providers") information is collected about you and your physical and mental health. It may be information about your past, present, or future health or mental condition, treatment you received from me or others, tests and reports, payment information, etc. This information is called PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record or file.

In my office, PHI is likely to include these kinds of information:

- Your history as a child, in school, at work, your marriage, and other personal history
- Reasons you came for treatment, your problems, complaints, symptoms, or needs
- Diagnoses (the clinical terms for your problems or symptoms)
- A treatment plan listing our goals for your counseling
- Routine progress notes listing what we discuss and what I notice about your progress
- Records and reports from others who have treated or evaluated you
- Information about medications you took or are taking
- Legal matters
- Billing and insurance information

These are the most common types of PHI. There may be other kinds of information that go into your healthcare record .

I use this information for many purposes such as:

- Planning your counseling
- Evaluating how well counseling is working for you
- Co-ordinating treatment with other professionals
- Receiving payment for my services
- Improving my skills by measuring the results of my work

Sharing your protected health information

I will ask your permission before I talk about you or send my records about you to anyone. When authorized to share your information, I will share only the minimum necessary needed for other people to do their jobs. Generally, these functions are termed TPO - treatment, payment, and operations. In signing a Consent for Treatment you are authorizing me to use and share TPO information when necessary.

If I need to use your information for any purpose besides TPO, I will ask you to sign an Authorization For Disclosure form. It authorizes me to share your PHI with specific professionals or institutions for specific purposes. If you authorize me to disclose your PHI, you can revoke that permission, in writing, at any time. Of course, I cannot take back any information already disclosed with your permission.

There are some jobs I hire other businesses to do for me. In the law, they are called my Business Associates. Examples might include my bookkeeper, a scheduling assistant, or other routine business processes. These business associates may need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

To prevent accidental disclosures, please specify your preferred contact method for use in routine scheduling and business purposes. Note that unencrypted email is not considered secure and will not be used to transmit PHI.

I keep a record of all disclosures of your information.

Limits to Privacy

There are legal limits to privacy and times when I must share information about you, whether there is a signed release of information or not. Here are some of the most common limits.

- If you tell me about a crime that you or someone else has committed or will commit, I am required to report this to the police.
- If you make a serious threat to harm yourself or another person, the law requires me to take steps to protect you and the other person. This usually means telling others about the threat. *I cannot promise never to tell others about threats you make.*
- If I believe a child has been or will be abused or neglected, I am legally required to report this to Child Protective Services.
- My records and professional opinions involving family or group counseling are not legally private and can be subpoenaed. While I will do everything possible to maintain confidentiality, I will honor a subpoena for these sessions.
- If you file a law suit against me, your records will no longer be considered confidential and may become part of the case.

Requesting Records

Although your records are the physical property of the healthcare professional or facility that collected it, the information belongs to you. You can request a copy of your records and I will respond within 30 days after receiving your written request. I may charge for copying and mailing. In some situations you cannot see all of what is in your records. If so, I will respond in writing, giving the reasons for the denial. You have the right to have my denial reviewed.

Amending Records

If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend your records. You must make this request in writing and include the reasons you want to make the changes. I will respond within 60 days of receiving your request. I may deny your request if the health information is a) correct and complete, b) not created by me, c) not legally allowed to be disclosed, or d) not part of my records. My written denial will state the reasons for my actions and explain your right to file a written statement of disagreement with the denial. You have the right to have your request and my denial be attached to all future disclosures of your health information.

You may have other rights, which are granted to you by the laws of this state or the federal government, and these may be different from the rights described above.

Questions or problems

If you have any questions regarding this notice or my health information privacy policies, please contact me at 512-458-2875 or by e-mail at bill@billwoodburnlpc.com or in writing at 3906 N. Lamar, Suite 204, Austin, Texas 78756.

If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You have the right to file a complaint with me and with the Secretary of the federal Department of Health and Human Services. I promise that I will not in any way limit your care or take any actions against you if you complain.

The effective date of this notice is listed in the footer of this document.

Privacy Officer

Pursuant to 45 CFR 164.530(a)(1)(i), BillWoodburn is hereby designated as the Privacy Officer for this practice (BillWoodburnLPC, P.C.) and such individual shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling patient requests for restrictions on uses and disclosures of protected health information ("PHI"); patient requests to inspect & receive a copy of their PHI; patient requests to receive accountings of disclosures; and, patient requests to amend their PHI.

Contact Person

Pursuant to 45 CFR 164.530(a)(1)(ii), Bill Woodburn is hereby designated as the Contact Person for this practice (BillWoodburnLPC, P.C.) and such individual shall be responsible for receiving complaints from patients concerning possible violations of their privacy rights.

Emergency Custodian of Records

In case Bill Woodburn, MEd, LPC, LMFT is not able, through death or disability, to administer the records of this practice, those duties will be performed by Marie Welsch, PhD, LPC, 3906 N. Lamar, Suite 204, Austin, TX 78756, 512-458-2875.