

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

I may use or disclose your Protected Health Information (PHI), for treatment, payment and health care operations purposes with your consent. The following definitions are offered to help clarify these terms:

- **PHI:** refers to information in your health record that could identify you.
- **Treatment:** is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be, when I consult with another health care provider, such as your family physician or another provider.
- **Payment:** is when I obtain reimbursement for your health care. Examples of payment are: when I disclose your PHI 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 my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits, administrative services, case management, and care coordination.
- **Use:** applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing that identifies you.
- **Disclosure:** applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when

your authorization is obtained. An “authorization” is a written permission above-and-beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have written about our conversation during an individual, joint, family, or group counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation to the extent that; (1) I have 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 consent the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances.

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Youth Commission or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the Texas State Board of

Examiners of Professional Counselors, or Texas State Board of Examiners of Marriage and Family Therapists, they have the authority subpoena relevant confidential mental health information from me.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and will not be released without your written authorization from you or your legally appointed representative, or a court order. The privilege does not apply when you are being evaluated by a third party evaluation when it is court ordered. However, you will be informed of such disclosure in advance.
- **Serious Threat to Health or Safety:** If I determine that you may endanger yourself or others, or you may be at risk of imminent mental or emotional harm, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker’s Compensation:** If you file a worker’s compensation claim, I may disclose information regarding your diagnosis and treatment to your employer’s insurance representative.

IV. Patient’s Rights and Provider’s Duties

Patient’s Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communication Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations (e.g., you may

keep your treatment discrete. You may ask to receive your bills at a different address.

- *Right to Inspect and Copy:* You have the right to inspect and/or obtain a copy of your PHI, your psychotherapy notes, and relevant billing records as long as the PHI remains in the record. I have the right to deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. I will discuss the details of such request and the denial process with you upon your request.
- *Right to Amend:* You have the right to request an amendment to PHI as long as the PHI remains in the record. I have the right to deny your request. We can discuss the details of the amendment process upon your request.
- *Right to Paper Copy:* You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Provider's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, However, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice at our next appt., or by mail.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about accessing your records, you may contact me and I will discuss any concerns you may have.

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

VI. Effective Date

The effective date of this notice is April 14, 2003.

Emergency Numbers

Child Protective Services 1-800-252-5400

Adapt Community Solutions (Richardson, TX
Serving Collin, Dallas, Navarro, and Hunt
Counties) **1-866-260-8000**

**Dallas Metrocare Services (Formerly known as
MHMR)**
Main Office **214-743-1200**

Denton County MHMR 1-800-762-0157

Green Oaks Psychiatric Hospital
7808 Clodus Fields DR. **972-991-9504**
Dallas, TX 75251

Hope's Door Domestic Violence Shelter
Hotline **972-422-7233**

**Lifepath Systems (Formerly known as Collin
County MHMR) 972-422-5939**
2920 Alma Rd.
Plano, TX 75075

New beginnings National Domestic Violence
Hotline: **1-800-799-7233**

Seay Behavioral Health Center
6110 West Parker Rd. **972-498-8500**
Plano, TX 75093

**The Turning Point: Rape Crisis Center of
Collin County 1-800-886-7273**

Federal Notice Summary

Notice of Policies and Practices was developed to protect the privacy of your mental health information.

What is this Pamphlet? Beginning April 14, 2003, every healthcare provider including mental health providers are required by law to give you a copy of the Notice of Privacy Practices (NPP). In this pamphlet we explain how the information we collect about you in our office is kept private or utilized to provide care for you.

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IN COMPLIANCE WITH THE
FEDERAL REGULATIONS OF
HIPAA'S PRIVACY RULE, THIS
NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED; HOW
YOU CAN OBTAIN ACCESS TO IT.
PLEASE REVIEW IT CAREFULLY.

PLEASE KEEP THIS PAMPHLET FOR
YOUR RECORDS.