

## NOTICE OF PRIVACY PRACTICES

Protecting the security and privacy of my client's Personal Health Information is very important to me. The following notice tells you about my duty to protect your Personal Health Information, how I may use or disclose your health information, your privacy rights, and how you can gain access to it. Please review it carefully.

### **PRIVACY PRACTICES**

#### **Designated Privacy and Security Officer for this Practice**

- Lacey Fisher is the designated Privacy Officer and Security Officer for my practice.
- All privacy and security questions, requests, and concerns should be directed to me and I will be responsible for handling them.

#### **How Lacey Uses and Discloses Your Information**

- *Victims of Abuse, Neglect, or Domestic Violence*- If I believe you or your child are victims of abuse, neglect, or domestic violence I may disclose health information about you or your child to a governmental agency that requires reports of abuse, neglect, or domestic violence as mandated by Texas law.
- *Serious Threat to Health or Safety*- I may use or disclose health information about you or your child if I believe the use or disclosure is needed to prevent a serious and immediate threat to the health and safety of yourself, a person or the public.
- *In Judicial Proceedings*- I may disclose your or your child's health information in any criminal or civil proceeding if a court or judge has issued a court order or subpoena that requires us to disclose it.

#### **Privacy and Security Policies**

All considerable measures have been taken to ensure confidentiality of emails/texts sent and received but, these forms of communication are not encrypted. At your own risk, you can choose to opt in to electronic communication by signing an authorization form provided by Lacey Fisher. Please be aware of the risks taken when sharing personal information this way:

- Mis-delivery of email/text to an incorrectly typed address or number.
- Email accounts can be "hacked", giving a 3rd party access to email content and addresses.
- Email/texts messaging providers can keep a copy of each email/text on their servers, where it might be accessible to employees, etc.

#### **Lacey Fisher's practice takes certain precautions to help decrease the likelihood that your Personal Health Information is compromised.**

- Computers, emails, and cell phones contain password protection and have limited user access.
- Computer notes are encrypted and require password to access and/or view.
- When electronic devices, such as cell phones, computers, etc. are retired, they are sanitized of information before recycling.
- If there are any complaints filed against me, this will be recorded on Lacey Fisher's agency Complaints Form.
- If there is a breach regarding your Personal Health Information, I will personally contact you to let you know the extent of the breach and what is being done to contain the situation.
- I do not use any of your Personal Health Information for marketing purposes and do not sell any information to outside entities.
- I follow all Ethical Codes and State Laws, which help in securing your information.
- I have received training concerning HIPAA laws and compliance and will continue to attend trainings as required by law.
- All HIPAA documentation will be kept on file for a minimum of 6 years.

### **Storage of Client Files:**

- My practice stores client files under lock and key for 5 years after the last session.
- If something should happen to me, a designated counselor, listed in the Consent for Counseling Services, would take possession of these files.
- They will store them under the same guidelines, protecting confidentiality.
- Once a file is ready to be destroyed, it is shredded.
- **Again, the protection of your Personal Health Information is important to me. Please let me know if you have questions about this Privacy Policy. There is more information regarding HIPAA on my practice's website and included in the initial paperwork packet.**

### **CLIENT PRIVACY**

#### **Private Health Information may be used and disclosed in the following circumstances:**

- Information that is necessary in order to file insurance claims and successfully complete all billing and collection procedures.
- When required for public health issues such as workman's compensation.
- When required by any state or federal law, including cases of abuse and neglect.
- When required for any specialized government or military functions including active personnel, reservists, veterans, and discharged members of the military service. Also, for any person confined to a correctional institution or under any law enforcement supervision.
- When used for any clerical purposes and necessary chart audits by managed care companies.
- **Excluding the circumstances listed above, I will not release any information without your written permission. You can request a Release of Information consent form from me.**

#### **As a client, you have rights to your Private Health Information, including:**

- The right to review your records, receive a copy of your records, or amend your records by signing and sending a written request via mail or electronically. However, under certain rare circumstances your request can be denied. I will inform you in writing if the request is denied. In case of denial of copy of your records, you may choose to receive a summary of progress instead. The summary includes information about symptoms and treatment plans/goals. Requests by text message will not be accepted.
- Requests for records will receive a response or be honored within 15 days.
- The right to request information of disclosures made by me to any party that has requested information pertaining to your Private Health Information.
- The right to receive confidential information regarding your Private Health Information.
- The right to revoke this consent in writing; however, this will not affect any information already disclosed.
- Request a copy of this notice at any time.

#### **As a mental health professional, I have the responsibility to:**

- Make each client aware of the Privacy Notice and changes made to the Privacy Notice.
- At any time make the necessary changes to the Privacy Notice that are required by law.

*If you as the client feel your privacy has been violated, you have the right to contact The U.S. Department of Health & Human Services Office of Civil Rights at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or The Office of the Attorney General at <https://www.texasattorneygeneral.gov/cpd/state-and-federal-health-privacy-laws>.*



## NOTICE OF PRIVACY PRACTICES

*My signature below acknowledges that I have reviewed the Notice of Privacy Practices document and my understanding of said document. It also indicates that I have been offered a copy of this document.*

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Client/Guardian Signature

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Date

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Lacey Fisher, LPC-S, RPT-S

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Date