

## NOTICE OF PRIVACY PRACTICES

Graceful Space Counseling, PLLC

1755 N Collins Blvd, Ste 310

Richardson, TX 75080

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.

By law, and in accordance with the ethics of the counseling profession, this practice is required to protect the privacy of your personal health information. This practice is also required to give you this notice to explain how personal health information may be used and disclosed, as well as to inform you of your rights pertaining to your health information.

“Personal health information” includes any information about you, and records of services you received through this practice, including and not limited to:

- Dates, times, and lengths of your therapy sessions
- Information you disclosed during sessions, over the phone, in email, or at other times
- Your therapist’s observations of you
- Your therapist’s assessment of your mental health concerns
- Results of psychological tests and diagnostic interviews
- Treatment plans
- Medication Records
- Billing and insurance information
- Records obtained from other healthcare providers who have treated you

How we may use and disclose your personal health information:

State and federal laws allow this practice to use and disclose your health information to provide services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care.

Treatment:

Your health information can be used and disclosed to manage and coordinate your care. This could include consultation to improve your care, coordination with another provider who is treating you, and for referral purposes.

Payment:

Your health information can be used and disclosed to bill for services and receive payment from health plans and other entities. Your health insurance plan may use this information to make determination of coverage for benefits, review services to determine medical necessity, and for utilization review activities. If your account is referred to a collection agency, the collection agency may ask for parts of your personal health information relevant to their task.

Healthcare Operations:

Your health information can be used and disclosed to run this practice, improve your care, contact you when necessary, and resolve any complaints you may have. Your information may also be used to review treatment procedures, review business activities, certification, training, compliance and licensing activities.

Other uses and disclosures of your personal health information:

This practice is allowed or required to disclose your information in other ways – usually in ways that contribute to the public good, such as public health and research. This practice has to meet conditions in the law before your information can be disclosed for these purposes, and disclosures will be made in a manner consistent with applicable laws.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues:

We can disclose health information about you for certain situations such as:

- Preventing disease and the spread of communicable illnesses
- Mandated reporting of suspected abuse, or neglect
- Preventing or reducing a serious threat to anyone's health or safety including emergency situations

Comply with the law:

We will disclose information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law, or to state licensing board for investigations of complaints.

Address workers' compensation, law enforcement, and other government requests:

We can use or disclose health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

We can disclose health information about you in response to a court or administrative order, or in response to a subpoena.

Law Enforcement:

We can disclose limited information to assist law enforcement purpose such as locating a missing person, or in the event that a crime occurs on the premises of this practice.

Your Choices:

For certain health information, you can tell us your choices about what we disclose. If you have a clear preference for how this practice discloses your information in the situations described below, please inform this practice of your request in writing. Reasonable efforts will be made to follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Disclose information with your family, close friends, or others involved in your care
- Disclose information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your information if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never disclose your information unless you give us written permission:

- Marketing purposes (this practice NEVER uses personal information for marketing)
- Most sharing of psychotherapy notes (these are notes separate from your formal session charts)

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic (when possible) or paper copy of your medical record and other health information we have about you. This request must be made in writing.
- \*\*electronic information sent through secure and encrypted means we will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 15 days. If your request is denied you have the right to file a disagreement in writing which will be kept in your record.

Request confidential communications

- You can ask us to contact you for appointment reminders, issues regarding payment, and treatment issues in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use and disclose:

- You can ask us not to use or disclose certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. This request must be in writing and specify what restrictions are needed.
- If you pay for a service out-of-pocket in full, you can ask us not to disclose that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to disclose that information.

Get a list of those with whom we’ve disclosed information:

- You can ask for a list (accounting) of the times we’ve disclosed your health information for six years prior to the date you ask, who we disclosed it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action. File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting:

The Privacy Officer – Doreen Simonian, LPC

972-863-2399

simoniancounseling@gmail.com or gracefulspacecounseling@gmail.com

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We will not retaliate against you for filing a complaint.

#### Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or disclose your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

By checking this, you are eSigning this form.