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

Austin College Counseling Services and its staff may use or disclose your protected health information (PHI), for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions: “PHI” refers to information in your health record that could identify you.

“Treatment and Health Care Operations”

- Treatment is when Austin College Counseling Services or its staff provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when Austin College Counseling Services and its staff consult with another health care provider, such as your family physician or another mental health professional.
- Health Care Operations are activities that related to the performance and operation of Austin College Counseling Services and its staff. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within Austin College Counseling Services and its staff such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Austin College Counseling Services and its staff, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Austin College Counseling Services and its staff may use or disclose PHI for purposes outside of treatment and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosure. In those instances when Austin College Counseling Services is asked for information for purposes outside of treatment and health care operations, Austin College Counseling Services will obtain authorization from you before releasing this information. Austin College Counseling Services will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes that a Austin College Counseling Services counselor has made during a private, group, joint, or family counseling session, which Austin College Counseling Services has 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 is in writing. You may not revoke an authorization to the extent that (1) Austin College Counseling Services 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 contest the claim under the policy.

III. Uses and Disclosure with Neither Consent nor Authorization

Austin College Counseling Services may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If, in a professional capacity, a Austin College Counseling Services counselor knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, they are required by law to immediately report that knowledge or suspicion to the Texas Department of Family and Protective Services, or as otherwise specified in law.
Adult and Domestic Abuse: If Austin College Counseling Services counselor has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, they are required by law to immediately report such belief to the Texas Department of Family and Protective Services, or as otherwise specified in law.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law and Austin College Counseling Services will not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If Austin College Counseling Services counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, Austin College Counseling Services may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to Austin College Counseling Services an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and a Austin College Counseling Services counselor believe you have the intent and ability to carry out the threat, then Austin College Counseling Services is required by law to take one or more of the following actions in a timely manner:

1) Take steps to hospitalize you on an emergency basis,
2) Establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional,
3) Communicate to a law enforcement agency, and if feasible, to the potential victim(s), or victim’s parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

Worker’s Compensation: If you file a worker’s compensation claim, Austin College Counseling Services may be required to give your mental health information to relevant parties and officials.

IV. Client’s Rights and Counselor’s Duties

Client’s Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosure of protected health information about you. However, Austin College Counseling Services is not required to agree to a restriction you request.

Right to Receive confidential Communications by 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. (For example, you may not want a family member to know that you are seeing me. Upon your request, Austin College Counseling Services will send any correspondence to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI and any mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Austin College Counseling Services may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Austin College Counseling Services will discuss with you the details of the request process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Austin College Counseling Services may deny your request. On your request, Austin College Counseling Services will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, Austin College Counseling Services will discuss with you the details of the accounting process.
Right to a Paper Copy – You have the right to a paper copy of the notice from Austin College Counseling Services upon request, even if you have agreed to receive the notice electronically.

Counselor’s Duties:

Austin College Counseling Services is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI. Austin College Counseling Services reserves the right to change the privacy policies and practice described in this notice. Unless Austin College Counseling Services notifies you of such changes, however, Austin College Counseling Services is required to abide by the terms currently in effect. If Austin College Counseling Services revises policies and procedures, Austin College Counseling Services will notify you in writing by mail if you are an active client. An active client is someone that is currently being seen, or has been seen for services within three months preceding the revision of policies and procedures.

V. Complaints

If you are concerned that Austin College Counseling Services has violated your privacy rights, or you disagree with a decision Austin College Counseling Services made about access to your records, you may contact Leigh Ann Onwu at Austin College Counseling Services, 1207 E. Brockett, Sherman, TX 75090 and/or the Texas Board of Examiners of Professional Counseling in Austin, Texas. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect November 1, 2017. Austin College Counseling Services reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. Austin College Counseling Services will provide you with a revised notice by mail if you are an active client.

Thank you for allowing the Staff of Austin College Counseling Services to serve you.

______________________________________________________ _____________________________
Client Signature        Date