

Barbara Carr-Goodman, LCSW, ACSW
Counseling for Health and Wellness



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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE OF PRIVACY POLICIES AND PRACTICES

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this Notice, “medical information” and “psychological information” mean the same thing as “health information.” Health information includes any information that relates to:

- 1) Your past, present, or future physical or mental health or condition;
- 2) Providing health care to you; or
- 3) The past, present, or future payment for your health care.

Protecting Your Privacy

Therapists must manage mental health records with great concern for privacy and confidentiality. I am required by law to protect the privacy of your health information. This means that I will not use or disclose your health information without your authorization except in the ways that I tell you in this Notice. If I wish to disclose your health information in ways other than those stated in this notice, I will ask for your written authorization. If you give such authorization, you may revoke it at any time, but I will not be liable for uses or disclosures made before you revoked your authorization.

The following information provides details about the provisions of HIPAA and your rights concerning your mental health records and the privacy of your protected health information (PHI).

Your Rights Regarding Mental Health Information About You

The right to obtain and inspect a copy of your mental health record:

You have the right to obtain, inspect, and copy mental health information that may be used to make decisions about your treatment as provided by law. If you wish to inspect and copy this information, you must submit a request in writing. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Your request may be denied in certain, very limited circumstances, when the therapist determines, in her professional judgment, that fulfillment of such request would be detrimental to your treatment.

The right to request a correction or addendum to your record or PHI:

If you feel that information I have about you is incorrect or incomplete, you may request that the information be amended. You must submit your request in writing, and I will notify you if I am unable to grant your request to amend the record.

The right to an accounting of disclosures of your mental health information to third parties:

You have the right to request an accounting of disclosures made of your PHI as provided by law. You must submit your request in writing, and the accounting will be provided as soon as is practicable.

The right to request restrictions on how your information is used:

You have the right to request a restriction on the mental health information I use or disclose about you for treatment, payment, or healthcare operations and on the disclosures to persons, including family members, who are involved in your care or the payment for your care as provided by law. However, I am not required by law to agree to a requested restriction and will notify you if I am unable to agree to the requested restriction. If I do agree, I will comply with your request unless the information is needed to provide for your emergency treatment. Requests for restrictions must be made in writing.

The right to request confidential communications:

You have the right to request that I communicate with you in a certain way and/or only through certain means. I will accommodate all reasonable requests and will not ask you the reason for your request.

The right to a copy of this Notice upon request:

You have the right to a paper copy of this privacy notice. You may also obtain a copy at www.carrgoodmancounseling.com.

The right to withdraw permission to disclose health information:

If you have provided me with authorization to use or disclose mental health information about you, you have a right to revoke that authorization, except to the extent that action has already been taken in reliance on that authorization.

The right to file a complaint:

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the Department of Health and Human Services.

How I May Use and Disclose Your Mental Health Information

For treatment:

I will access your record and use mental health information about you to assist in the continuity of your treatment and services. I will not share this information with other health care professionals, however, unless you specifically request it or agree to it, and sign a consent form to that effect.

As required by law:

It is possible (but unlikely) that the Department of Health and Human Services may review how my office complies with the regulations of HIPAA. In such a case, your PHI could be revealed as

a part of providing evidence of compliance. Additionally, I may be required by law to disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

Limits to confidentiality:

There are circumstances when a therapist may break confidentiality or is required to break confidentiality and thus may disclose your mental health information. If the therapist believes you are a victim of child abuse or neglect, or perceives you to be a danger to yourself or others, she may disclose health information about you to the appropriate agency or individual (e.g., government agency, police, family members, relevant healthcare providers). Please refer to the Client Information and Consent Form for a more detailed description of the limits of confidentiality.

Business associates:

My office may contract with a billing agency, attorney, or other business associate to attend to business aspects of my practice on an as-needed basis. In this case, there will be a written contract in place with the agency or associate requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Changes to this Notice

Please note that this privacy notice may be revised from time to time. We will notify you of changes in the laws concerning your privacy and rights as I become aware of these changes. In the meantime, please do not hesitate to raise any questions or concerns you might have about your confidentiality.

I have read the above HIPAA Notice of Privacy Policies and Practices, and I understand my rights and those of Barbara Carr-Goodman, LCSW, ACSW.

Signature of Client

Date

Signature of Parent/Guardian

Date