



HIPAA Privacy Policy

This section includes important information regarding how your therapy sessions and medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

Uses and disclosures for treatment, payment, and healthcare operations

Wade Family Therapy may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your general consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment" is when we provide, coordinate, or manage your health care and other services related to your health care, such as consultation with another health care provider.
- "Payment" is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer or billing service to obtain reimbursement for your health care or to determine eligibility or coverage.

If you prefer, you have the right to pay for the full costs of your services and prevent this information from being disclosed to your health insurance carrier or billing service.

- "Health care operations" are activities that relate to the performance and operation of my practice, such as business-related matters like audits, administrative services, case management, and case coordination.
- "Use" applies only to activities within this practice, such as utilizing information that identifies you.
- "Disclosure" applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.



Uses and disclosures requiring authorization

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your expressed 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 healthcare operations, I will obtain an authorization from you before releasing this information.

“Psychotherapy notes” are notes that I have made about our conversations held during a private, group, joint, or family psychotherapy session. These notes are given a greater degree of protection than PHI and a general authorization to release your PHI is NOT sufficient for the release of Psychotherapy notes. 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) 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 contest the claim under the policy.

Uses and disclosures with neither consent nor authorization.

We may use or disclose your PHI without your consent or authorization in the following circumstances:

- **Child abuse:** If we have information that, or reasonable suspicion that a child has been, or may be, abused, neglected, or sexually abused, we are legally and ethically bound to make a report of such knowledge or suspicion within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, and/or to any local or state law enforcement agency.
- **Abuse of the elderly or disabled:** If we have information that, or reasonable suspicion that an elderly or disabled person has been, or may be abused, neglected, or exploited, we must immediately report such information or reasonable suspicion to the Department of Protective and Regulatory Services.
- **Sexual misconduct by a therapist:** we are required to report any knowledge of any incidents of sexual misconduct by a current or former psychotherapist to the offending therapist’s licensing authority, as well as the district attorney or local law enforcement of the jurisdiction in which the offense occurred, if it occurred within the state of Texas.

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- **Regulatory oversight:** If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena mental health information relevant to that complaint.
- **Judicial and administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and those records regarding said diagnosis and treatment, such information is privileged under state law, and we will not release information, we will not release information without proper written authorization from you or your attorney, or a court order.
- **Complaints and malpractice:** If you file a complaint against Wade Family Therapy with a professional or regulatory agency or if you initiate a legal action against our practice, e.g., citing malpractice, we have the right to use all of the information contained in your file, including PHI and Psychotherapy notes, for our defense, or to answer said complaint.
- **Serious threat the health or safety of self or another:** If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's compensation:** If you file a worker's compensation claim, we may have to disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

Client's Rights

Right to request restrictions. You have the right to request restrictions on certain uses and disclosures of PHI about you. However, we are not required to agree to a requested restriction.

Right to receive confidential communications by alternative means and at alternative locations. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations, such as if you are in a situation where you do not want a family member to know that you are seeking psychotherapeutic services. Upon your request, all correspondence will be sent to an alternate address.

Right to inspect and copy. You have the right to inspect or obtain a copy (or both) of PHI and Psychotherapy notes in my mental health and billing records used to make decisions about you as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, we will discuss with you the details of the request and denial 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. We may deny your request. Upon your request, we will discuss with you the details of the amendment process.

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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 part 3 of Privacy Policy: HIPAA). On your request, we will discuss with you the details of the accounting process. We will inform you if we are aware of any breaches to the confidentiality of your information.

Right to be notified of breaches. You have the right to be notified if we become aware of any breach of security that endangers the privacy of your records.

Right to a paper copy. You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

My Professional Responsibilities.

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice.

If we revise our policies and procedures, we will post a current copy in our office. A current copy will always be available on our website and you may request a personal paper copy.

Questions and Complaints.

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Martha Wade at 832-591-0092. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Leonard Bohanon, PhD at leonard@drbohanon.com. You may also contact The Texas Behavioral Health Executive Council and use the Health Professions Council toll-free complaint referral system: 1-800-821-3205. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy.

This notice will be effective on the date of signing. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all of the PHI that we maintain. We will provide you with a revised notice on our practice website. You may request a personal paper copy at any time.



**INFORMED CONSENT AND PRACTICE POLICIES, AND PRIVACY POLICY: HIPAA,
ACKNOWLEDGEMENT**

I have been provided a copy of the Informed Consent & Practice Policies and Privacy Policy: HIPAA. I have also been provided with, the document, Electronic Communications Policy & Agreement. I understand and accept all of the policies and practices, and consent to treatment as outlined in these documents. Martha Wade, MS, LMFT-Associate, is hereby granted consent to contact me as specified in the Electronic Communications Policy & Agreement, as well as granted consent for the use and disclosure of my health information as described in these policies for Treatment, Payment, and Health Care Operations.

Name: _____ Date: _____