

Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191) [HIPAA]

PURPOSE

The purpose of this document is to describe how health information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW NOTICE CAREFULLY

If you have questions about this notice, feel free to ask for clarification about anything that you do not understand.

RECORDS

Each time you are seen in therapy a record of your visit is made. Typically the record contains your complaints, assessments, symptoms, evaluations, risk related issues, diagnose(s), interventions, plans for future sessions, and billing-related information.

OUR RESPONSIBILITY

We are required by law to maintain the privacy of your health information and to provide you a description of our privacy practices. Your privacy is important to us and we take our obligation to protect your privacy very seriously.

USES AND DISCLOSURES:

We make every effort to provide information to only those individuals with a demonstrated need to know. Here are some examples of how we use and disclose your health information.

For Treatment:

We use your health information to provide you treatment or other services. Therefore, we may disclose your health information to:

Your physician or other healthcare provider.

Anyone on our staff involved in your treatment.

Any one required by federal, state, or local laws to have access to your treatment record.

For Payment:

We may use and disclose health information, your treatment, and services to bill and collect payment from you, your insurance company, or a third party payer.

For Quality Assurance and Institute Operations:

--We may use or disclose your health information to members of our staff and/or a peer consultation group.

--We may use your health information to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for patients we serve. We will remove information that identifies you from this set of health information to protect your privacy.

--We may use or disclose your health information to evaluate the effectiveness of our staff, supervise our staff, improve quality of our services, meet accreditation standards and in connection with licensing, credentialing, or certification activities.

Other Examples:

--To leave a message for you on your answering machine/VM for scheduling and billing purposes

--To assess your satisfaction with our services

--To make you aware of new services

--To business associates we have contracted with to perform agreed upon services and billing for it

--To anyone you give us written authorization to have your health information, for the reason you want. You may revoke this authorization in writing at any time. When you revoke an authorization it will only effect your health information from that point on

--To a family member, a person responsible for your care, or your personal representative in the event of an emergency

--If you are present in such a case, we will give you and opportunity to object.

In an emergency, if you object, are not present, or are incapable of responding, we may use our professional judgment and use or disclose your health information to advance your best interest.

Business Associates:

There are some services provided by the Institute through contracts with business associates (for example, computer technician, accountant, clinical billing personnel, marketing consultant, etc. When these services are contracted, we may disclose your health information to our business associate so that they may perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Individuals Involved in your Care of Payment for Your Care:
We may release health information about you to a designated friend or family member who is involved in your clinical care or who helps to pay for your care.

Future Communications:
We may communicate with you via newsletters, email, mail outs, or other means regarding treatment options, follow-up on status of your complaint, groups, seminars, community-based initiatives or activities which our Institute is participating.

Law Enforcement/Legal Proceedings:
We may disclose health information for law enforcement purposes (e.g., to prevent suicide or homicide) and in response to a valid subpoena.

WAYS YOUR INFORMATION WILL NOT BE USED

We will not use the details of your health information in any of the Institute's marketing, development, public relations, or related activities without your written authorization. Composite case descriptions with fictitious names will be referenced in some of these endeavors without prior authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Institute that compiled it, you have the right to:

Inspect and Copy:
You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes clinical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. We will charge you a reasonable fee for making photocopies.

Amend:
If you feel that health information we have about you is incorrect or incomplete, you may ask us in writing to amend the information, you have the right to request an amendment for as long as your record is kept by or for the Institute. We may deny your request for an amendment and if this occurs, you will be given the reason for denial. If we deny your amendment, you can place a written statement in our records disagreeing with our

denial of your request. If your written amendment is approved, we will change our records accordingly. We will also notify any one else who may have received the original information and anyone for whom you give us written permission.

An Accounting of Disclosures:

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of our health information for the purpose other than treatment, payment, or healthcare operations where an authorization was not required. This can be backdated six years. This information is not available for records prior to April 14, 2003.

If you request this information more than once in a 12 month period we may charge a fee based on the time it takes to tabulate these disclosures.

Request Restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. WE are not required to agree to your request. If we do agree, we will comply wit your request unless the information is needed in order to provide emergency treatment.

Request Confidential Communications:

You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home or by U.S. Mail. The Institute will grant reasonable written requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing. The written request must include a mailing address where the individual will receive bills for and correspondences about services rendered by the Institute.

A Paper Copy of this Notice:

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You are still entitled to a paper copy of this notice even if you have agreed to receive this notice electronically.

CHANGES TO THE NOTICE

We reserve the right to change this notice and the revised or changed

notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted at the Institute. The effective date of this notice is April 14, 2003 and it will be in effect until it is replaced.

COMPLAINTS

If you believe your privacy rights have been violated or disagree with a decision we have made about any of your rights in this notice, please feel free to discuss it further with your behavioral health provider to arrive at a satisfactory outcome. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint

James T. Wayland, M.A., Ph.D., LPC, LCDC
3007 Dawn Drive, Ste. 105
Georgetown, TX 78628

Web Site: HYPERLINK "http://www.jtwayland.com" www.jtwayland.com
Office: 512.966.2488 Fax: 512.864.9319