

## Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

The TAMU Psychology Clinic (the Clinic) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* 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, Payment and Health Care Operations*”
  - *Treatment* is when we provide, coordinate or manage your health care or assessment and other related services. In addition to direct services, this might include such things as consultation with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare, either directly from you or from a third party.
  - *Health Care Operations* are activities that relate to the performance and operation of the Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and care coordination.
- “*Use*” applies only to activities within the Clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

The Clinic may use or disclose PHI for purposes outside of treatment, payment, 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 disclosures. In those instances when the Clinic is asked for information for purposes outside of treatment, payment, and health care operations, an authorization from you will be obtained before releasing this information.

You may cancel all such authorizations at any time, provided each cancellation is in writing. You may not cancel an authorization after the information has already been released.

### III. Uses and Disclosures with Neither Consent nor Authorization

PHI may be disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Family and Protective Services, the Texas Juvenile Justice Department, or to any local or state law enforcement agency.

- **Adult and Domestic Abuse:** If there is cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Texas Department of Family and Protective Services.
- **Health Oversight:** If a complaint is filed against the Clinic or any of its service providers or supervisors with the State Board of Examiners of Psychologists, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged (protected) under state law, and will not be released without written authorization from you or your personal or legally appointed representative, **or a court order**. The privilege (protection) 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 it is determined 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, relevant confidential mental health information may be released to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, records relating to your diagnosis and treatment may be disclosed to your employer's insurance carrier.

#### **IV. Patient's Rights and Provider's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the Clinic 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 communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the Clinic. Upon your request, any communications may be to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There is a reasonable charge for copying a record. Your access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, our staff will discuss with you the details of the request and review 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. Your request may be denied, but this is also subject to review. On your request, our staff 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, our staff will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice.

**Provider’s Duties:**

- The Clinic is 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.
- The Clinic reserves the right to change the privacy policies and practices described in this notice. However, unless you are notified in writing of such changes, we are required to abide by the terms currently in effect.
- If policies and procedures are revised, you will be provided with a written notice either in person or by mail.

**V. Complaints**

If you are concerned that anyone at the Clinic has violated your privacy rights, or you disagree with a decision regarding access to your records, you may contact the Clinic Director or the Texas State Board of Examiners of Psychologists.

**VI. Effective Date, Restrictions, and Changes to Privacy Policy**

The Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that are maintained. Efforts will be made to inform current clients of revisions.

**VII. Verification of Receipt of These Policies**

I have been offered a copy of the TAMU Psychology Clinic *Notice of Policies and Practices to Protect the Privacy of Your Health Information* and have been given the opportunity to ask questions.

---

<b>Client Signature</b>	<b>Printed Name</b>	<b>Date</b>
-------------------------	---------------------	-------------

---

<b>Therapist/Evaluator Signature</b>	<b>Printed Name</b>	<b>Date</b>
--------------------------------------	---------------------	-------------

---

<b>Faculty Supervisor Signature</b>	<b>Printed Name</b>	<b>Date</b>
-------------------------------------	---------------------	-------------