**Skowronski Counseling**

**Kristen N. Skowronski, LMFT-Associate**

10655 Six Pines Dr., Suite 150

The Woodlands, TX 77380

Phone: 346-370-0028

Email: kskowronski@skimft.com

**Notice of Privacy 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.

**Introduction**

Protecting the privacy of clients is an important part of our client relationship. I have created this Notice of Privacy Practices in order to follow the current law & must provide you with notice of our legal duties and privacy practices. I am required by law to protect the privacy of your Protected Health Information (PHI). My office must also follow the policies that are described in the Notice.

Please read this Notice carefully as I must ask for your acknowledgement that you have read and understood it. If you have any questions, please do not hesitate to ask. I will also act as the Privacy Officer in my office and will answer any questions you may have about this Notice or privacy procedures. You are also entitled to a copy of this document, if you would like it.

**Use and Disclosure of PHI**

Protected Health Information (“PHI”) may not be used or disclosed in violation of the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164) (hereinafter, the “Privacy Rule”) or in violation of state law.

I am permitted under the Privacy Rule to use and disclose PHI without patient consent or authorization in limited circumstances. However, state or federal law may supersede, limit, or prohibit these uses and disclosures.

Under the Privacy Rule, these permitted uses and disclosures include those made:

* Treatment
* Payment, or
* Health care operations purposes

**However, 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.**

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

**Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.

**Abuse of the Elderly and Disabled:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.

**Sexual Misconduct by a Therapist:** We are required to report any incidents of sexual misconduct by a current or former therapist to the offending therapist’s licensing authority.

**Regulatory Oversight:** If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint. The federal government may also require disclosure for specialized functions such as determining fitness for military duties, eligibility for VA benefits, national security and intelligence, for public health purposes relating to disease or FDA-regulated products, or to a coroner or medical examiner, for example, for identification or cause of death.

**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 under state law, and I will not release information, without written authorization from you or your personal 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 I 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 disclose records relating to your diagnosis and treatment to your employer’s insurance carrier.

I will only use and/or disclose your PHI when the law allows me to do so. Any other use and disclosures will be made only with your authorization.

When using, disclosing or requesting PHI, I make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. I recognize that the requirement also applies to covered entities that request my patients’ records and require that such entities meet the standard, as required by law.

The minimum necessary requirement does not apply to disclosures for treatment purposes or when I share information with a patient. Or for uses and disclosures when patient authorization is given. It also does not apply for uses and disclosures as required by law or to uses and disclosures that are required for compliance with the Privacy Rule.

Stated above are some examples of times in which it may be necessary to disclose PHI, however this is not an exhaustive list. If you have any questions about how confidentiality is handled please feel free to ask before disclosing any particularly sensitive content.

**Uses and Disclosures of PHI Requiring Authorization**

I 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 form that permits only to specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. In the case of family or couple sessions all notes of sessions are kept in a combined file and will require all adult participants’ authorization to release information contained in this file.

I will also need to obtain a separate authorization before releasing your psychotherapy notes. **Psychotherapy notes** are notes I have made about our conversation regarding a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI and a general authorization to release your PHI is **NOT** sufficient for release of Psychotherapy notes. I recognize that a patient may revoke an authorization at any time in writing, except to the extent that I have, or another entity has, taken action in reliance on the authorization.

**Client’s Rights**

**Right to Request Restrictions**: You have the right to request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.

**Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of pocket in full for my services.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations**: For example, if you wish, I will send bills or other correspondence to another address other than your home.

**Right to Inspect and Copy**: You have a right to request access to your information maintained except for: a) psychotherapy notes; b) information that I gather in preparation of an administrative action or proceeding. I may deny your request under certain limited circumstances. Generally, if I agree to provide you a copy of your records, I will do so within 30 days. I will charge you a reasonable, cost-based fee for the records.

**Right to Amend**: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, I may deny your request. I 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, I will discuss with you the details of the accounting process. I will inform you if I am aware of any breaches in the confidentiality of your information.

**Right to be Notified of Breaches:** When I become aware of or suspect a breach, I will conduct a Risk Assessment. I will keep a written record of that Risk Assessment. Unless I determine that there is a low probability that PHI has been compromised, I will give notice of the breach and provide any required notice to patients and the US Department of Health and Human Services (HHS). After any breach, I will reassess privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

 **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.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms in effect. If I revise my policies and procedures, I will post a current copy in our offices. A current copy will always be available on my website, and you may request a personal copy.

**Administrative Requirements**

**Safeguards-** To protect the privacy of the PHI of my patients, I have in place appropriate administrative, technical, and physical safeguards, in accordance with the Privacy Rule.

**Sanctions-** I have and apply appropriate sanctions against a member of my staff who fails to comply with the requirements of the Privacy Rule or my policies and procedures. I may not apply sanctions against an individual who is testifying, assisting, or participating in an investigation, compliance review, or other proceeding

**Mitigation-** I mitigate, to the extent possible, any harmful effect that I become knowledgeable of regarding my use or disclosure, or my business associate’s use or disclosure, of PHI in violation of policies and procedures or the requirements of the Privacy Rule.

**Questions and Complaints-** If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 346-370-0028. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to me at 10655 Six Pines Dr., Suite 150 The Woodlands, TX 77380. You may also contact my supervisor, Leonard Bohanon, PhD, LMFT-S at (832) 628-5253 or send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule and will not be retaliated against for exercising your right to file a complaint.

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Texas Behavioral Health Executive Council

333 Guadalupe St., Ste. 3-900

Austin, Texas 78701

Tel. (512) 305-7700

1-800-821-3205 24-hour, toll-free complaint system

https://www.bhec.texas.gov/discipline-and-complaints/index.html