

*NextGen Counseling, PLLC*  
*Licensed Professional Counselors and Interns*  
4325 Windsor Centre Trail, Suite 200  
Flower Mound, Texas 75028  
940-228-2171

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

*THIS NOTICE DESCRIBES HOW COUNSELING AND MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.*

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

*We may use or disclose your protected health information (PHI), for treatment, payment, health care Operations,, uses, disclosure, appointment reminders, treatment alternative and health related benefits and services, and research 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 and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- “*Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services*” refers to the use and disclosure of PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- “*Research*” refers to the certain circumstances where we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

**II. Uses and Disclosures Requiring Authorization**

We 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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) we 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.

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

We are allowed or required to share your information in other way usually in ways that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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

***As Required by Law.*** We will disclose PHI when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose PHI when necessary to prevent a serious threat to your safety and health or the safety and health of the public or another person. Disclosures, however, will only be made to someone who may be able to help prevent the situation.

***Child Abuse.*** If we have 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 Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.

***Adult and Domestic Abuse.*** If we have 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 Department of Protective and Regulatory Services.

***Business Associates.*** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf or provide electronic health record services. All of our business associates are obligated to protect the privacy and security of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Health Oversight.*** If a complaint is filed against one of our counselors with the State Board of Licensed Professional Counselors, the Board has the authority to subpoena confidential mental health information from us relevant to that complaint.

***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. For more information regarding the release of confidential information in Lawsuits and Disputes, see Texas Health and Safety Code Section 611.006 and Texas Rules of Evidence 510. (509 for physician-patient privilege)

***Law Enforcement.*** We may release PHI if asked by a law enforcement official if the information is:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. Limited information to identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct on our premises;
6. In an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

***Military and Veterans.*** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities.*** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities

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are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**National Security and Intelligence Activities.** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary:

1. for the institution to provide you with health care;
2. to protect your health and safety or the health and safety of others; or
3. the safety and security of the correctional institution.

#### **IV. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT IN/OUT**

**Individuals Involved in Your Care or Payment for Your Care.** You have the right to tell us to share information with your family, close friends, or others involved in your care. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**Fundraising.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

#### **V. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of your PHI; and
3. Mental and behavioral health records;
4. Records of drug, alcohol, or substance abuse treatment;
5. Records regarding HIV or AIDS diagnosis and treatment; and
6. Genetic information (including Genetic Tests).

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation by mail to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940) 228-2173 and we will no longer disclose PHI under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **IV. YOUR RIGHTS:**

You have the following rights regarding PHI we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940)228-2173. We have up to 15 business days to make your PHI available to

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you and we may charge you a reasonable fee established by the Texas State Licensing Board for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record and for any media, such as flash drives or writable CDs, used to transmit your electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

**Right to Amend.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940) 228-2173. This request must include the reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by our office, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by our office;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940) 228-2173. The request must state a time period, which may not be longer than 6 years. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940) 228-2173. This request must indicate: (1) what information you want to limit; (2) whether you want to limit NextGen Counseling, PLLC use and/or disclosure; and (3) to whom you want the limits to apply.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to NextGen Counseling, PLLC, Windsor Centre Trail, Suite 200, Flower Mound, Texas 75028 or by fax at (940) 228-2173. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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**V. CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office.

**VI. COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office, with the Texas Attorney General at [www.oag.state.tx.us/forms/cpd/form.php](http://www.oag.state.tx.us/forms/cpd/form.php), or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

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