

Notice of Privacy Practices (NPP)

The Shine Integrative Counseling Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice may be obtained through the office manager at Shine Integrative Counseling.

This notice describes how mental health information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

All information describing your mental health treatment and related health care services (“mental health information”) is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. This Notice also applies to your psychologist, counselor, psychiatrist and other health care professionals who provide care to you. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDS, and information about alcohol and other substance abuse. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities.

WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

- For Treatment. For example, we may give information about your psychological condition or assessment to other health care providers, such as your family physician or another psychologist, to facilitate your treatment, referrals or consultations.
- For Payment. For example, a health care provider may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier.
- For Healthcare Operations For example, we may give information to University or professional mental health and training organizations to review the quality of care provided, for performance improvement or for the training of health professionals. Other examples could include audits and administrative services, and case management and care coordination.
- For Appointments and Services to remind you of an appointment or tell you about treatment alternatives or health related benefits or services.
- To Individuals Involved in Your Care. For example, your parents, if you are a minor, or your conservator.
- With your written authorization we may use or disclose mental health information for purposes not described in this Notice.

WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION:

- As Required by Law when required or authorized by other laws, such as the reporting of child abuse, elder abuse, disabled or dependent adult abuse.
- For health oversight activities to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative, or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.
- In Judicial Proceedings in response to court/administrative orders, subpoenas, discovery requests, or other legal process. If Shine Integrative Counseling and/or your clinician is subpoenaed to appear in court and provide testimony regarding our knowledge and experience

of you and our assessment, we will assert privilege on your behalf. Nevertheless, if the judge insists we testify, we will testify truthfully and honestly to our thoughts and professional opinion.

- To Public Health Authorities to prevent or control communicable disease, injury, or disability, or ensure the safety of drugs and medical devices.
- To Law Enforcement for example, to assist in an involuntary hospitalization process.
- To the State Legislative Senate or Assembly Rules Committees for legislative investigations.
- For Research Purposes subject to a special review process, and the confidentiality requirements of state and federal law.
- To Prevent a Serious Threat to Health or Safety of an individual. We may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.
- To Protect Certain Elective Officers including the President, by notifying law enforcement officers of potential harm.

YOU HAVE THE FOLLOWING RIGHTS:

- To Receive a Copy of this Notice when you obtain care.
- To Request Restrictions. You have the right to request a restriction or limitation on the mental health information we disclose about you for treatment, payment, or health care operations. You must put your request in writing. We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
- To Inspect and Request a Copy of your Mental Health Record except in limited circumstances. A fee will be charged to copy your record. You must put your request for a copy of your records in writing. If you are denied access to your mental health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
- To Request an Amendment and/or Addendum to your Mental Health Record. If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. We may deny your request for an amendment if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.
- To Receive an Accounting of Certain Disclosures we have made of your mental health information. You must put your request for an accounting in writing.
- To Request That We Contact You By Alternate Means (e.g., fax versus mail) or at alternate locations. Your request must be in writing, and we must honor reasonable requests.

CHANGES TO THIS NOTICE: Shine Integrative Counseling reserves the right to change or revise this Notice. If a revision is made to our policies and procedures, a revised copy will be posted in the office and a copy will be provided to you upon request.

CONTACT INFORMATION: If you have any questions about this Notice, please contact the office manager at: Shine Integrative Counseling, 6401 Eldorado Parkway, Suite 334, McKinney, Texas, 75070, or by telephone at 469-3 01-1993. If you believe your privacy rights have been violated, you may contact the Texas Board of Examiners of Professional Counselors at

1-800-942-5540. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized for filing a complaint.**

Acknowledgment of Notice of Privacy Practices