

MARTHA GONZALEZ-MICHAELIS, LPC

Notice of Privacy Practices
Effective April, 2008

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

What is a Notice of Privacy Practices?

The term "I" refers to Martha Gonzalez-Michaelis, LPC Independent Practitioner practicing not in partner or association with any other provider providing services at the Colleyville Counseling Center.

Health and medical information is private and should be protected and you have the right to know who has your information.

Consequently, I am required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of your privacy rights and my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this notice with respect to your PHI but reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. I will provide you with a copy of the revised notice sent by regular mail to the last address you have provided to me for this communication purpose, and keep an updated copy on my website.

Each time you visit me a record of your visit is made. This information, often referred to as your health or medical record, serves as a:
basis for planning your care and treatment
means of communication among the many health professionals who contribute to your care
legal document describing the care you received
means by which you or a third-party payer can verify that services billed were actually provided
a tool with which I can assess and continually work to improve the care I render and the outcomes achieved

Your Rights

You have the right to:

- To request restrictions on the use and disclosure of your PHI to carry out treatment, payment or health care operations. You should note that I am not required to agree to be bound by any restrictions that you request but am bound by each restriction that I do agree to.
- To receive confidential communication of your PHI unless I determine that such disclosure would be harmful to you.
- To inspect and copy your PHI unless I determine in the exercise of my professional judgment that the access requested is reasonably likely to endanger your life or physical safety (Note: if state law allows, emotional safety may be included as well) or that of another person. You may request copies of your PHI by providing me with a written request for such copies. I will provide you with copies within ten (10) business days of your request at my office. You will be charged \$.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.
- To amend your PHI upon your written request to me setting forth your reasons for the requested amendment. I have the right to deny the request if the information is complete or has been created by another entity. I am required to act on your request to amend your PHI within sixty

(60) days . If I deny your requested amendment I will provide you with written notice of my decision and the basis for my decision.

To receive a paper copy of this notice even if you have agreed to receive one electronically.

The right to complain to me or the Secretary of the U.S. Department of Health & Human Services if your rights have been violated. You may complain to me in writing. By law I'm prohibited from retaliating against you for filing a complain with me or HHS.

Uses & Disclosures

It is my policy to protect the confidentiality of your PHI to the best of my ability and to the extent permitted by law. There are times however, when use or disclosure of your PHI including, psychotherapy notes, is permitted or mandated by law even without your authorization. In the event of an emergency to any treatment provider who provides emergency treatment to you.

To defend myself in a legal action or other proceeding brought by you against me.

When required by the Secretary of the Department of Health & Human Services in an investigation to determine my compliance with the privacy rules.

When required by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law. (ex.: Child/elderly abuse; legal proceedings, imminent danger to client of others, for payment)

To Business Associates under a written agreement requiring Business Associates to protect the information. Business Associates are entities that assist with or conduct activities on my behalf including individuals or organizations that provide legal, accounting, administrative, and similar functions