**Transformed Thinking,**

**Transformed Life**

**HIPAA Notice of Privacy Practices**

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact Transformed Thinking, Transformed Life at (832) 539-TTTL or (832) 539-8885.

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1. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
2. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). Transformed Thinking, Transformed Life is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and “disclose” your PHI. A “use” of PHI occurs when we share, examine, utilize, apply, or analyze such information within my practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which is the use or disclosure is made. And, we are legally required to follow the privacy practices described in this Notice.

However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI on file with our office already. Before we make any important changes to our policies, we will promptly change this Notice and post a new copy of it on our website as noted at the beginning of this document.

1. HOW WE MAY USE AND DISCLOSE YOUR PHI. We will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your prior authorization; for others, however, we do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.
	1. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. We can use and disclose your PHI without you consent for the following reasons:
		1. For treatment. We can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you’re being treated by a psychiatrist, we can disclose you PHI to you psychiatrist in order to coordinate your care. However, it is our practice to only do so if you have directly authorized our office in writing, unless a threat to your safety is involved.
		2. To obtain payment for treatment. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by our office to you. For example, we might send your PHI to your insurance company or health plan to get paid for the health care services that were provided to you. We may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
		3. For health care operation. We can disclose your PHI to operate my practice. For example, we might se your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. We may also provide you PHI to our accountants, attorneys, consultants, and others to make sure I’m complying with applicable laws.
		4. Other disclosures. We may also disclose your PHI to others without your consent in certain situations. For example, your consent isn’t required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.
	2. Certain Uses and Disclosures Do Not Require Your Consent. We can use and disclose you PHI without your consent or authorization for the following reasons:
		1. When disclosure is required by federal, state or local law; judicial or administrative proceedings; or law enforcement. For example, we may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
		2. For public health activities. For example, we may have to report information about you to the county coroner.
		3. For health oversight activities. For example, we may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
		4. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
		5. To avoid harm. In order to avoid a serious threat to you or another person, we may disclose PHI to law enforcement personnel or persons able to prevent or lessen such harm.
		6. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
		7. For workers’ compensation purposes. We may provide PHI in order to comply with workers’ compensation laws.
		8. Appointment reminders and health related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
	3. Certain Uses and Disclosures Require You to Have the Opportunity to Object.
		1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
	4. Other Uses and Disclosure Require Your Prior Written Authorization. There are specific disclosures that would require you authorization, but that this practice does not do. These include disclosing your PHI for marketing purposes (marketing of services other than those of Families Counseling), sale of PHI to third parties, and fundraising purposes.

In these, or any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven’t taken any action in reliance on such authorization) of your PHI by our office.

1. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. You have the following rights with respect to your PHI:
	1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask to limit how we use and disclose your PHI. We are not required to agree your request unless you are asking our office to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict persons solely to a health care item or service for which you have paid Transformed Thinking, Transformed Life “out-of-pocket” in full. If agreed, we will comply with your request unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that we are legally required to make.

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 you Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.

* 1. The Right to Choose How we Send PHI to You. You have the right to ask that our office send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail), I must agree to your request so long as we can easily provide the PHI to you in the format you requested.
	2. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don’t have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days of receiving your written request. In certain situation, we may deny your request. If so, we will tell you, in writing, our reasons for the denial and explain your right to have my denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. If you request copies of your PHI, we will charge you not more than $0.25 for each page.

In our practice we keep “treatment notes” which are a regular part of your PHI. We do not keep what are called “psychotherapy notes,” which are a separate sort of record and are generally not accessible to clients.

* 1. The Right to Get a List of the Disclosures I Have Made. You have the right to get a list of instances in which we have disclosed you PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide a list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

* 1. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the in writing. We will respond with 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by our office, (iii) not allowed to be disclosed, or (iv) not part of my records. Our written denial will state the reasons for the denial and explain you right to file a written statement of disagreement with the denial. If you don’t file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
	2. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.
	3. The Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
1. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES. If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.
2. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES. If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact our office.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION.

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Individual or Legal Representative (please print) Date

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Signature of Individual or Legal Representative Date