

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can gain access to this information. Please review this notice carefully. If you have any questions about this Notice of Privacy Practices, please contact us at (254) 278-4995

Disclosure for Treatment, Payment, and Health Care Operations

Begin Your Journey Counseling is required by law to maintain the privacy of protected health information (PHI), to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you if there has been a breach of unsecured PHI. However, a therapist may use or disclose you protected health information for certain treatment, payment, and health care operations purposes without authorization.

Begin Your Journey Counseling will follow the terms of this notice at the time of your signature. We will not use or disclose PHI about you without your written authorization, except as described in this notice. We reserve the right to change this notice at anytime and make the new notice effective for all PHI. However, we will provide any revisions to this notice upon your request.

~PHI~

Refers to information in your health record that could identify you.

~Treatment~

services provided to you by a therapist or healthcare provider. Examples would be a physician, psychologist, or other medical clinician or practitioner who needs to discuss your healthcare / treatment.

~Payment~

Obtaining reimbursement to insurance companies for your healthcare.

~Use ~

Sharing, employing, applying, utilizing, examining, and analyzing information that identifies you

~Disclosure ~

Releasing, transferring, or providing access to information about you to other parties
Authorization – written permission for specific uses or disclosures

Disclosing and Using PHI: Authorization Required

The following identifies how your PHI may be used or disclosed and in specified circumstances. These are circumstances requiring your authorization prior to use or disclosure.

Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with the requirements of the Privacy Rule, if required.

Uses and disclosures not specifically permitted by applicable law will only be made with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

Psychotherapy Notes

We will not use or disclose psychotherapy notes without your written authorization, and only as permitted by law.

Marketing Health-Related Services

We will not use or disclose your protected health information for marketing communications without your written authorization, and only as permitted by law.

Sale of PHI

We will not sell your protected health information without your written authorization, and only as permitted by law.

For Care or Treatment

Your PHI may be used to provide, manage, and coordinate the mental health treatment and services you receive. This use may occur with a medical records team, a physician, other health care provider, consultation with clinical supervisors and other counselors. The Begin Your Journey team will disclose or use your PHI among Begin Your Journey team members to coordinate or manage your treatment or provide other health-related benefits / services that are necessary or may be of interest to you.

For Payment

Your PHI may be used and disclosed for various payment-related functions, so we can bill for and obtain payment for treatment or services provided to you. You are allowed to restrict the disclosure and use of your PHI, if you decide to pay for services without using insurance. However, if you are using insurance, your insurance company may require copies of your PHI during the course of a claim, medical record request, chart audit, or review.

For Business / Healthcare Operations

We may use or disclose your PHI in order to support our business activities. These activities may include but not limited to: Begin Your Journey operational activities, administrative activities, quality assurance activities, employee review activities, licensing activities, training activities, accreditation activities, and conducting or arranging for other Begin Your Journey business activities. We may also use or disclose PHI when providing you with appointment reminders or leaving messages on your phone.

Verbal Permission

We may use or disclose your information to family members that are directly involved in your receipt of services, medical care, or payment for your care with your verbal / written permission. We may disclose your PHI to a member of your family or other person you identify if that person is directly involved in your care. However, if you are unable to agree or object to this disclosure in emergent situations, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgment.

Judicial and Administrative Proceedings

If you are involved in a court proceeding, law-suit, or legal dispute and a request is made about your treatment, your therapist must not release your information without (a) your written authorization or the authorization of your attorney or personal representative; (b) a court order; or (c) a subpoena duces tecum (a subpoena to produce records). Your therapist will inform you in advance if this is the case.

Research

Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We will obtain your permission to release such information.

Protected Health Information In Connection With Alcohol Or Drug Services

Please note that 42 C.F.R. Part 2 protects your health information if you are applying for or receiving services (including diagnosis or treatment, or referral) for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to a person outside the program that you attend the program or disclose any information identifying you as an alcohol or drug abuser except under certain circumstances that are listed in this notice.

Disclosures and Uses that do NOT Require Your Consent or Authorization

The following identifies how your PHI may be used or disclosed and in specified circumstances. These are circumstances that do NOT require your authorization prior to use or disclosure.

Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with the requirements of the Privacy Rule, if required.

Uses and disclosures not specifically permitted by applicable law will only be made with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information

Parents or Legal Guardians

If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

Child Abuse

When a therapist, in his/her professional capacity, has knowledge of, observes, or suspects that a child he/she knows has been the victim of child abuse or neglect, he/she must immediately report such to a police department, sheriff's department, county probation department, or county welfare department within 24 hours.

Adult and Domestic Abuse

If a therapist, in his/her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult; if a therapist is told by an elder or dependent adult that he/she has experienced these; or if a therapist reasonably suspects such, the therapist must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

Worker's Compensation

We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health

We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.

Serious Threat to Health or Safety

If you communicate to your therapist a serious threat of physical violence against an identifiable victim, he/she must make reasonable efforts to communicate that information to the potential victim and the police. If he/she has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, he/she may release relevant information as necessary to prevent the threatened danger.

Law Enforcement

We may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

Health Oversight.

If a complaint is filed against a therapist with the Texas State Board of Examiners of Psychologists, the Board has the authority to subpoena confidential mental health information from the therapist relevant to that complaint.

National Security, Intelligence Activities and Protective Services for the President and Others

We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, provision of protection to the President, other authorized persons or foreign heads of state, and other national security activities authorized by law.

Coroners, medical examiners, and funeral directors

We may release your PHI to assist in identifying a deceased person or determine a cause of death.

Patient's Rights Regarding PHI

If you give us an authorization, you may revoke your authorization at any time by submitting a written notice to your Begin Your Journey Therapist. Your revocation will become effective upon our receipt of your written notice. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Right to Request Restrictions.

You have the right to request restrictions on certain uses and disclosures of your PHI. However, your therapist is not required to agree to a restriction you request.

Right to Request and Receive Confidential Communications.

You have the right to request and receive confidential communications of PHI by alternative means. (e.g., telephone, email, postal mail, etc.)

Right to Access, Inspect and Receive a Copy.

You have the right to request, inspect or obtain a copy of your PHI used to make decisions about you for as long as the PHI is maintained in the record. You may not be able to obtain all of your information in special circumstances. In accordance with Texas law, you have the right to obtain a copy of your PHI in electronic form for records that we maintain using an Electronic Health Records (EHR) system capable of fulfilling the request. Where applicable, we must provide those records to you or your legally authorized representative in electronic form within fifteen (15) days of receipt of your written request and a valid authorization for electronic disclosure of PHI. You may request a copy of an authorization from the Privacy Office at the address below

Right to Amend.

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Requests must identify: (i) which information you seek to amend, (ii) what corrections you would like to make, and (iii) why the information needs to be amended. We will respond to your request in writing within 60 days (with a possible 30-day extension). In our response, we will either: (i) agree to make the amendment, or (ii) inform you of our denial, explain our reason, and outline appeal procedures. Your therapist is not required to agree to the amendment. If denied, you have the right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal. Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). Your request must state a time period. The time period for the accounting of disclosures must be limited to less than 7 years from the date of the request. We will respond in writing within 60 days of receipt of your request (with a possible 30-day extension). We will provide an accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

Right to a Paper Copy.

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from the Privacy Office at the address below. A reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request.

Breaches.

You have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. We will provide notice to you as

soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.

Alcohol and Drug Abuse Patient Records.

Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney in the district where the violation occurs

Plan for Practice / Records In Case Of Death Or Disability of Your Therapist.

In the event of your therapist's death, incapacity or disability, arrangements have been made for another mental health provider to take over my practice, meet with clients, make appropriate referrals to other providers, if necessary, and take all reasonable steps to manage the practice for the benefit of my clients. By your signature below, you authorize my designee to contact you directly, and use and disclose your confidential mental health information and records for the stated purposes.

Filing Complaints

If you believe your privacy rights have been violated, you may file a complaint with Karimah Rose, LMFT-S, LPC (254) 278-4995.

You may also file a complaint directly with any or all of the following federal and state agencies:

Secretary of the Department of Health and Human Services Office:

Contact information available immediately upon request

Office of the Attorney General of Texas:

Contact information available immediately upon request.

Texas Behavioral Health Executive Council (TBHEC).

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. Please call 1-800-821-3205 for more information.

Mailing Address of TBHEC: 333 Guadalupe St., 3-900 Austin, Texas 78701

Telephone Number: (512) 305-7700 or (800) 821-3205 (24 hours, toll-free complaint system)

Email: Enforcement@bhec.texas.gov

The Council is open Monday-Friday, 8:00 a.m. to 5 p.m., but closed on state holidays.

Providers for Begin Your Journey Counseling is as follows:

Karimah Rose, LMFT-S (license #202254), LPC (license #73205)

Cheryl Moorehead, LMFT-Associate (license # 204338)

Elisa Chamberlain, LMFT-Associate (license # 204449)

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 25, 2021. Begin Your Journey Counseling reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Begin Your Journey Counseling therapists maintain. Begin Your Journey Counseling will make public any changes to this notice and provide you with a copy of the revised notice.

If you want more information about our privacy practices or have questions or concerns, please contact us:

Begin Your Journey Counseling
Karimah Rose
3914 Walden Creek Xing, Texas, 76549
(254) 278-4995

OR

You may visit: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-forconsumers/index.html>