

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

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY: We are required by applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health.

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

LaRoe Therapy Services, PLLC and Adrienne New LaRoe, MS may use or disclose your protected health information (PHI), for treatment, payment and health care operations purposes with your general consent. To help clarify these terms, here are some definitions:

- *“PHI”* or Personal Health Information, 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 consultation with another health care provider, such as your family physician or a colleague.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer or billing service to obtain reimbursement for your health care or to determine eligibility or coverage.
 - **If you prefer, you have the right to pay for the full costs of your services and prevent this information from being disclosed to your health insurance carrier or billing service.**
 - *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 this practice such as utilizing information that identifies you.
 - *“Disclosure”* applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.

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 a separate authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation regarding a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI and a general authorization to release your PHI is NOT sufficient for release of Psychotherapy notes. 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

The following circumstances are a general summary of the ways we may use or disclose PHI without your consent or authorization. It is important to note that this list is not a complete list and on occasion rare exceptions may occasionally occur. Please ask if you are curious or concerned about a specific 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.
- **Abuse of the Elderly and Disabled:** 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.
- **Sexual Misconduct by a Therapist:** We are required to report any incidents of sexual misconduct by a current or former therapist to the offending therapist's licensing authority.
- **Regulatory Oversight:** If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.
- IV. **Client's Rights and Our Professional Duties**

Client's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeking our services. Upon your request, we will send bills or other correspondence to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process. We will inform you if we are aware of any breaches in the confidentiality of your information.
- *Right to be Notified of breaches* - You have the right to be notified if we become aware of any breach of security that endangers the privacy of your records.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

Our Professional Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

- If we revise our policies and procedures, we will post a current copy in our offices. A current copy will always be available on our web site (laroetherapyservicespllc.com) and you may request a personal copy.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Adrienne LaRoe (346) 367-5117. I am under the supervision of Dr. Bohanon who can be contacted at (832) 628-5253. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Adrienne LaRoe at 2203 Timberloch Pl, Suite 100, The Woodlands, TX 77380. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Complaints about professional practice may also be made to the state regulatory board for Marriage & Family Therapy. We will not retaliate against you for exercising your right to file a complaint. As described above, we have the right to use confidential information to explain or defend our actions in the case of a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 10/06/2021. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice on our web site. You may request a personal copy at any time.