

**Kristi Dean Frye, Ph.D., LPC**  
**8350 Meadow Road, Suite 194**  
**Dallas, Texas 75231**  
**(214) 616-8185**

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## **Notice of Policies and Practice to Protect the Privacy of Your Health Information**

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

- I. Your therapist may use or disclose your protected health information (PHI) for treatment and healthcare operations purposes. Here are some examples.

Treatment is when your therapist provides, coordinates or manages your healthcare and other services related to your healthcare. An example of disclosing PHI for treatment purposes is when the therapist consults with another healthcare provider, such as your family doctor or a psychiatrist prescribing your medications.

Payment is when the therapist bills a third party for reimbursement for your healthcare. An example of this would be to provide your insurance company with PHI such as your diagnosis to determine eligibility or obtain payment.

Healthcare Operations are other activities that are parts of ongoing clinical practice. An example of this would be a routine audit of clinical records by your insurance company or a discussion of PHI with an insurance company case manager in order to obtain further authorization for service.

Other uses and disclosures can be made with your written authorization, which may be revoked at any time.

- II. Your protected health information may be released without an authorization from you when the disclosure is required by law. For example, all healthcare providers are required to report suspected child and elder abuse to the Texas Department of Protective and Regulatory Services. Information may be provided in cases of legal proceedings you may be involved in if it is officially ordered by court subpoena. Information may also be released to state regulatory agencies or licensing boards if they are conducting an investigation. Any unauthorized release of information would be in strict adherence to the laws of the United States and of Texas. You have the right to be informed of any such release of your protected health information.
- III. You have certain rights with respect to your protected health information. These rights include the following:

You have the right to request restrictions on certain uses and disclosures of your protected health information. Therapist is not required to agree to a restriction you request.

You have a right to request and receive confidential communication regarding your PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a therapist. Upon request, your bills may be sent to an alternative address.

You have a right to inspect and obtain a copy of your PHI for as long as the information is maintained in record.

You have a right to request accounting of disclosures of your PHI regardless of whether or not you have provided consent of its release.

You have a right to a paper copy of this notice.

IV. The Therapist duties include the following:

Therapist is required by law to maintain the privacy of your protected health information and provide you with a notice of her legal duties and privacy practices with respect to this protected health information. She is legally obligated to abide by the terms of this policy.

Therapist reserves the right to change the privacy policies and practices described in this notice and you will be provided a written copy of any changes made to these policies.

If you are concerned that your therapist has violated your privacy rights, or you disagree with a decision made about access to your records, please discuss this with your therapist immediately. I am dedicated to the respectful treatment of your health information and will attempt to clarify or correct any problems you may encounter. You may also contact your therapist's licensing board (Texas State Board of Examiners of Licensed Professional Counselors) or the Secretary of the U.S. Department of Health and Human Services. Your therapist will provide you with the appropriate address upon your request.

For further information regarding these policies and procedures, you may contact your therapist by phone or in person. This notice will go into effect on April 14, 2003.

By signing below, I acknowledge that I have read and understand the Notice of policies and Procedures related to the protection of my health information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Patient Name (if you are not patient)

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date