



## **NOTICE OF PRIVACY PRACTICES**

THE PURPOSE OF THIS NOTICE IS TO EXPLAIN HOW PROTECTED HEALTH INFORMATION, OR “PHI” MAY BE USED. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

I. The therapist is not to disclose any communication, record, or identity of a client except as provided per the Texas Health and Safety Code, Chapter 611, or other state or federal statutes or rules. The exceptions are as follows:

- a. If disclosure is required by law or by a government agency.
- b. When disclosure to medical or law enforcement is deemed necessary given that the client is deemed a direct threat to self or others.
- c. Audits, or financial audits, if applicable.
- d. If the client has provided written consent, or if the therapist is speaking to the parent of a client who is a minor, or if the therapist is speaking to the guardian of a client that has been deemed incompetent to manage their own personal affairs. It should be noted that the client, or their representative, can revoke a written consent at any time.
- e. To the client’s personal representative in the case of a deceased client.
- f. When interacting with insurance companies, individuals, corporations, or government agencies involved in paying or collecting fees associated with therapy services.
- g. When communicating with other members of a treatment team, if applicable.
- h. An official legislative inquiry relating to a state hospital or a state school.
- i. Designated personnel within a correctional facility in which the client is detained provided that the purpose of the disclosure is solely to provide treatment to the individual in custody.

II. The client is entitled to access their medical records except in the following occurrence:

a. The therapist deems that the client reading a given portion of the record may be harmful to the client's overall mental or emotional health.

### III. Records requests by clients:

a. Upon written request from a client, the therapist will provide all records to the client no later than the 15th day following the receipt of the request.

### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

### **STANDARD NOTICE: RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES UNDER THE NO SURPRISES ACT**

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a "Good Faith Estimate" of expected charges. You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call [512-420-3941].

This form was last reviewed by Timothy Lewis Young Counseling Services, PLLC on 01/07/2022.