



Family Counseling Services

individuals • couples • families • groups

Our mission is to listen!

NOTICE OF PRIVACY PRACTICES (NPP)

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.*

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI), and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any revised Notice will be effective for all PHI that we maintain at that time. We will provide you with a revised copy by posting it on our website, sending a copy via mail upon request, or providing one at your next appointment. This form is a shorter version of the full, legally required NPP and you may have a copy of this if you prefer.

How we may use and disclose your protected health information

- **For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing coordinating, or managing your health care treatment and related services, including consultation with clinical supervisors or other treatment team members.
- **For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, and processing claims.
- **For Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities, including but not limited to, quality assessment, employee review activities, and conducting or arranging other business activities.
- **Required by Law:** Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Uses and Disclosures Requiring Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. In those instances, we will obtain an authorization from you before releasing the information. You may revoke all such authorizations at any time, provided you do so in writing.

Uses and Disclosures Requiring Neither Consent or Authorization

Applicable law and ethical standards permits us to disclose information about you without your authorization only in a limited number of situations:

- **Abuse and Neglect:** Reporting of child abuse or neglect or the abuse, neglect or exploitation of an elderly or disabled person is mandatory to the Texas Department of Protective and Regulatory Service or to any local or state law enforcement agency.
- **Health Oversight:** If a complaint is filed against a clinical staff member with their respective state licensing board, that board can subpoena PHI relevant to the complaint.
- **Judicial and Administrative Proceedings:** We may disclose information when it is required by a court order.
- **Serious Threat to Health or Safety:** We may disclose information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Information will only be disclosed to person(s) reasonably able to prevent or lessen the threat.
- **Worker's Compensation:** If you file a worker's compensation claim, information related to your diagnosis and treatment may be disclosed to your employer's insurance carrier.
- **Verbal Permission:** We may use or disclose your information to family members that are directly involved in treatment with your verbal permission.

Your Rights Regarding Your Protected Health Information (PHI)

- **Right of Access to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location that is more private for you. For example, you may wish billing statements to be mailed to an address other than your home address.
- **Right to a Copy of This Notice:** You have the right to obtain a copy of this notice.

Complaints or Questions

To exercise any of your rights, or if you wish to file a complaint, please do so in writing and submit it to our Privacy Officer, Bryan Moffitt, 5701 Avenue P; Lubbock, TX 79412. You also have the right to file a complaint with the Secretary of Health and Human Services. *We will not retaliate against you for filing a complaint.*

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name (print): _____

Date of Birth: _____ Social Security #: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Family Counseling Services' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights I can contact:

Bryan Moffitt, Privacy Officer
Family Counseling Services
5701 Avenue P
Lubbock TX, 79412

Signature of Patient/Client

Date

Signature of Parent, Guardian, or Legal Representative

Date

Patient/Client refuses to acknowledge receipt:

Signature of Staff Member

Date