NOTICE OF PRIVACY PRACTICES

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

We understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. We create a record of the care and services that you receive at the UNT Dallas Community Counseling Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. Your health record contains personal information about you and your health. This information that may identify you related to your past, present, or future physical or mental health or condition and related health care services and is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. 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 revisions to the Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices upon request.

Access to this notice is available in our waiting area and on our website. This notice is effective as of January 20, 2017.

Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health information that we may make without an authorization.

For Treatment:

- Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, supervising, coordination, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members at the University of North Texas Dallas Community Counseling Clinic and the Clinical Faculty.
• We may have to disclose your health information to another health care provider, the office of student affairs (if you are a UNT Dallas Student), law enforcement or a hospital, etc, if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition, or simply to keep you safe.

**For Payment:**

• We may have to disclose your examination and treatment records and your billing records to another party (i.e. your insurance company) if they are potentially responsible for the payment of your services or for grant related activities.

**For Health Care Operations:**

• We may use or disclose, as needed, you PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or undertaking utilization review activities.

• We may need to use your name, address, phone number, and you clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be interest to you (i.e. test results). If you are not at home to receive an appointment reminder, a message may be left on you answering machine, e-mail and/or mailed.

• We provide health care services to you in an emergency and we are unable to obtain your consent after attempting to do so.

• If there are substantial barriers to communicating with you, and in our professional judgment we believe that you intend for us to provide care.

• Training programs in which staff, students, or trainees learn under supervision to practice or improve their skills as healthcare providers.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number or other situation. We may use or disclose PHI without your consent in the following circumstances:

**Secretary of the U.S. Department of Health and Human Services:** For the secretary to investigate issues and determine our compliance with federal privacy requirements.

**Required by Law:** When, we are required to do so by federal, state, or local law.

**Public Health Activities:** We are required by law to cooperate or assist public health authorities in the reporting of certain communicable diseases, injuries, and vital events such as birth and death.
Health Oversight: For Health oversight activities such as an investigation of a provider’s conduct to a state licensing board official.

Cadaveric Organ, Eye of Tissue Donation: When use and/or disclosure relates to organ, eye, or tissue donation purposes.

To Advert a 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.

Coroners, Funeral Directors, and Organ Donation: For example, we may disclose health information about you to a coroner or medical examiner for purposes of identifying you should you die.

Research: Under certain circumstances, we may disclose health information about you for medical or mental health research. We will ensure that your privacy is protected when your health information is used in research.

Abuse, Neglect, or domestic Violence: We may report protected health information to government authorities if we have a reasonable belief that a situation involves abuse, neglect, or domestic violence. We will abide by state law in making disclosures about abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings: We may release protected health information for judicial and administrative proceedings. Such proceedings would include responses to court orders or subpoenas.

Worker’s Compensation: We may disclose protected health information for the purpose of processing and adjudicating worker’s compensation claims.

For Specialized Government Functions: If the individual is a member of the military as required by military authorities. This would also include releases for foreign military personnel. Additionally, we may disclose protected health information to federal officials for national security reasons as authorized by law.

Law Enforcement Purposes: We may disclose health information to a law enforcement official to comply with a subpoena or court order; to comply with a lawful administrative request; to identify and locate a suspect, fugitive, witness, or missing person; in response to a request for information about an actual or suspected victim of a crime; to alert a law enforcement official of a death in which there is a suspicion the death was the result of criminal conduct; reporting criminal conduct that occurred on the premises; or in an emergency to report a crime.

Planning of Health Care Services: We may disclose protected health information about you to a correctional facility, processing of payments, non-profit organizations that pay for health care
services or prescription drugs for an indigent person only if the agency’s primary business is not the provision of health care or reimbursement for health services.

**Verbal Permission:** We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

**Opportunity to Object to Use and Disclosures:**

We may also use and disclose your health information without your authorization in the following circumstances. You have the opportunity to object.

**Facility Directories:** Should we ever have a facilities director that would have your name, location at which you are receiving care, your condition, and your religious affiliation, you will have the opportunity to object to your inclusion in the directory.

**Others Involved in Your Health Care:** With a family member, relative, friend, or other person identified by you, we may share health information directly related to that person’s involvement in your care or payment for your care. With a family member, personal representative, or other person responsible for your care, we may share health information necessary to notify such individuals of your location, general condition, or death.

**With a Public or Private Agency:** We may share health information about you for disaster relief purposes. Even if you object, we may still share health information about you, if necessary for emergency circumstances.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

You have the following rights regarding other PHI we maintain about you. To exercise any of these rights, please submit your request in writing to the Clinic Director of the University of North Texas Dallas Community Counseling Clinic at 7300 University Hills Blvd. # 140 Dallas, TX 75241.

**You have the right to inspect and copy your protected health information.** You have the right to request, that we require in writing, to see and receive a copy of your health information. We may charge you related fees. There are certain situations in which we are not required to comply with your request. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or a minor client.

**You have the right to request a restriction of your protected health information.** The restrictions can be on treatment, payment, or health care operations and to family members. We are not required to agree to a restriction and may decide not to accept the restrictions and not to treat you; however, even if we agree to your request, in certain situations your restrictions may not be followed. Some situations may include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in this notice.
**You have the right to receive confidential communications.** You have the right to request how and where we contact you about your healthcare information. For example, you may request that we contact you at your work address or phone number or by text or by e-mail. We will accommodate reasonable requests. When appropriate, to meet these conditions we may request from you information regarding how payment, if any, will be handled when you specify an alternate address or other methods of contact.

**You may have the right to amend information.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing and must state your reasons for requesting the amendment. We may deny your request for amendment. In these situations, we will respond to you in writing, giving you the reasons for the denial and telling you how you may disagree with the denial. If we accept your requests to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received health information about you or who need the amendment.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after 1/1/2013. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us:** upon request, even if you have agreed to accept this notice electronically.

**COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to our UNT Dallas Community Counseling Clinic Director at 7300 University Hills Blvd. #140 Dallas, TX 75241. If we are unable to resolve these concerns, you may report your complaints to the Texas Secretary of the Department of Health and Human Services for the purpose of investigation or determining our compliance with the requirements of the Privacy Rules. We will not retaliate against you for filing a complaint.
CLIENTS / PATIENTS RESPONSIBILITIES

As Partners in healing and recovery, your responsibilities are:

- To give doctors and clinic staff total information about your illness or concerns. This includes your current complaint, past illnesses, hospitalizations and medications you take. This also includes any spiritual, religious or cultural values as well as lifestyle choices that affect your treatment.
- To understand your illness and treatment. If you do not, we expect you to ask questions. When educational classes, reading material, or video programs are offered, you should learn what you need to know to make choices about your health care.
- To keep appointments or cancel in a timely manner according to clinic policy.
- To make choices about the treatment plan suggested by the doctor and clinic staff. This plan may include medicines being taken and follow up appointments. Talk with your doctor or other staff if you have any questions.
- To tell your doctor or our clinical staff if you cannot or will not be able to follow the treatment plan. Other treatment plan will be suggested, if possible. You are responsible for what happens to your health if you refuse medical or mental health treatment by leaving against our advice.
- To follow rules and regulations about patient, client, or visitor conduct, and keeping the office/waiting area clean, quiet, and safe.
- To pay services and supplies you receive while you are a patient or client, and pay all deductibles and copays at the time of visit.
- To be polite to other patients, visitors and staff. You are expected to honor their dignity, worth, and value. You are expected to respect the property of other persons and of this medical facility.

PATIENTS / CLIENTS RIGHTS

- To be treated with respect and dignity.
- To get appropriate medical or mental health care services regardless of race, age, sex or religion.
- To be told honestly about your medical or mental health condition, planned treatment, and expected results in words you can understand.
- To have treatments and procedures fully explained, including risks and benefits.
- To decide about your care plan and agree to or not to agree to any treatments.
• To be told if any experimental treatments or operations will be used. You have the right to refuse to take part in research.
• To have a living will or power of attorney for health care honored as much as the law allows.
• To expect privacy during medical exams, counseling or psychotherapy sessions, discussions, and any other treatment.
• Your medical condition and records will not be talked about with unauthorized persons without your permission.
• To know names and jobs of everyone who examines or treats you.
• To discuss your bill (charges/payments) with the office personnel or billing manager.
• To look at your medical records and have them explained to you, unless restricted by law.
• To know how we work with other healthcare facilities and schools as it concerns your treatment.
• To know to file complaints with proper entity.
• To know about office rules, policies, and practices that has to do with your care, treatment, and responsibilities.
• To receive appropriate referrals to other healthcare providers and /or services.