



Notice of Privacy Practices HIPAA

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 Ranch Hand Rescue's Counseling Center. 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 relates 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 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 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

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. This includes 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 to you. Examples of payment-related activities include reviewing services provided to you for grant related activities or undertaking utilization review activities.

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 activities, employee review activities, licensing, and conducting or arranging for other business activities.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request.

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

- **Child Abuse:** If we have cause to believe that a child was, or may be, physically or sexually abused, or neglected, we must make a report of such within 48 hours to the Texas Department of Family and Protective Services, or the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is being abused, neglected, or exploited, we must immediately report such to the Texas Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against the therapist with the State Board of Examiners, the board has the authority to subpoena or court order confidential mental health information from us 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. We will not release information without written authorization from you or your personal or legally appointed representative, a subpoena or a court order.

- **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.
- **For other 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.
- **Public Health:** 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.
- **Research:** We may use or disclose health information about you for research if a research board approves the use. The board will ensure that your privacy is protected when your health information is used in research.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis or treatment to your employer's insurance carrier

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.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding other PHI we maintain about you.

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, 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 in those situations where there is compelling evidence that access would cause serious harm to you or a minor client. 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 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.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS:

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at Ranch Hand Rescue or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

In addition, we must make disclosures of your PHI 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 Rules.

We will not retaliate against you for filing a complaint. The effective date of this Notice is 6/24/2011.