



Texas HIPAA Privacy Notice

Notice of Psychologists Policies and Practices to Protect the Privacy of Your Health Information

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.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Affinity Wellness, PLLC may use or disclose your PHI for treatment, payment, and health care operations purposes with your written authorization.

Definitions

- **HIPAA:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
- **Protected health information (PHI):** Information in your health record that could identify you.
- **Treatment:** When Affinity Wellness, PLLC provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- **Payment:** Obtaining reimbursement for your healthcare. Examples of payment would include if Affinity Wellness, PLLC disclosed your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health care operations:** Activities that are related to the performance and operation of Affinity Wellness, PLLC. Examples of health care operations include quality assessment and improvements activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Use:** Use applies to activities within Affinity Wellness, PLLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure:** Disclosure applies to activities outside of Affinity Wellness, PLLC (office, clinic, practice group, etc.), such as releasing transferring, or providing access to information about you to other parties.
- **Authorization:** Your written permission to disclose your confidential health information. All authorizations to disclose PHI must be on a form specifically for that purpose.

Uses and Disclosures Requiring Authorization

Affinity Wellness, PLLC may use or disclose your PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained.

An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Affinity Wellness, PLLC is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. Affinity Wellness, PLLC will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes therapists keep about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Affinity Wellness, PLLC may use or disclose PHI **without your consent** or authorization in the following circumstances:

- **Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abuse, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, 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 in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight Activities:** If a complaint is filed against Affinity Wellness, PLLC with the Texas State Board of Examiners of Psychologist, they have the authority to subpoena 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, and we will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If we believe 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.
- **Worker's Compensation:** If we are treating you for worker's compensation purposes, we must provide periodic progress reports, treatment records, and bills upon request to you, appropriate Texas agencies, your employer, insurers, or their representatives.

- There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however, the disclosures listed above are the most common.

Patient's Rights

- **Right to request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Affinity Wellness, PLLC is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are in treatment, and upon reasonable request we will send your bills to another address.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes for as long as the PHI is maintained in the record. Affinity Wellness, PLLC may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may be denied access to Psychotherapy Notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. On your request, we will discuss with you the details of the request and denial process.
- **Right to an Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Affinity Wellness, PLLC may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. Upon your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties

- Affinity Wellness, PLLC is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless Affinity Wellness, PLLC notifies you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide a written notification with a revised notice of privacy policies and procedures (by mail, e-mail, patient portal, etc.).

Questions or Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact us at 832-241-7825 or via email at dr.mondragon@affinity-wellness.com. If you believe that your privacy rights have

been violated and wish to file a complaint with us, you may send a written complaint. You may also file a complaint to the Texas Behavioral Health Executive Council or the U.S. Department of Health and Human Services. We can provide you with the appropriate addresses upon request. You have specific rights under the Privacy Rule. Affinity Wellness, PLLC will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This policy is effective as of January 1, 2021. Affinity Wellness, PLLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain. Clients will be provided with a revised notice and we welcome discussion of any revisions.