

CLIENT RIGHTS TO PRIVACY

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.

Your health record contains personal information about you and your health. This information about you that may identify you and that 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”).

This Notice of Privacy Practices describes how we may use and disclose our PHI under applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA, including the HIPAA Privacy and Security Rules the LPC Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

STATEMENT OF OUR DUTIES

We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our privacy practice and legal duties. We are required to follow the terms of this notice. We reserve the right to change the terms of this notice based on our needs and changes in state and federal law. If we change this notice, we will provide you with revised information in writing.

STATEMENT OF YOUR RIGHTS

You have the right to know how we may use or disclose your Protected Health Information (PHI). In addition, you have the following rights:

The right to request that we place additional restrictions on our uses and disclosures of your PHI. However, we are not obligated to agree to impose any such limitation.

The right to access, inspect and receive a copy of the protected health information that we maintain in our files about you. The recipient will be charged a fee for copying and postage of PHI.

The right to have us correct or amend any information that we create in error.

The right to receive an accounting of the disclosure of your PHI that we make for other healthcare operations.

The right to receive communications of PHI confidentially.

The right to request the release of your records by written request.

The right to obtain a paper copy of this notice upon request if you received this notice electronically.

Two Point Perspective LLC

451 East Central Texas Expressway Suite D126 Harker Heights TX 76548

P: (512) 540-5618 info@2pointperspective.org

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Two Point Perspective LLC (2PP) adheres to Texas Law and requires a written authorization to disclose any PHI outside of 2PP. The use and disclosure of PHI typically occur on the following occasions:

Treatment: We may use or disclose your PHI to provide, coordinate or manage your treatment, including others outside of our practice with whom we are consulting or to whom we are referring.

Payment: Information will be used to obtain and facilitate payment and services provided. This includes verification of benefits, eligibility and coverage, determination of payment status, and utilization review activities.

Healthcare Operations: We may also use or disclose your PHI to perform administrative, financial, legal, and quality improvement activities necessary to run the business and support the core function of treatment and payment.

Information Disclosed Without Your Consent: Under Texas and Federal law, information about you MAY be disclosed without your consent in the following circumstances: a subpoena, court order, or mandate to provide public health information such as suspected child, elder, or institutional abuse or neglect.

Child Abuse: If we have cause to believe that a child has been, or maybe, abused, neglected, or sexually abused, 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: If a complaint is filed against any of our therapists with the State Board of Examiners of Licensed Clinical Social Workers, the respective Boards 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 court order. The privilege does not apply when a third party is evaluating you or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If we determine that imminent physical injury is probable by you to yourself or others, or there is a probability of immediate mental or emotional harm to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

Worker's Compensation: If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We are required to share information with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe imminent danger may occur to someone.

Our Practices Regarding Confidentiality and Security: We restrict access to your PHI to those who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your private information.

Contact Person for Complaints or Further Information: To request more information about this notice, you may contact the person listed below. You may file a complaint either directly to us or to:

Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540

You will not be retaliated against in any way for filing a complaint.

To file a complaint with us, you may submit one in writing that includes as many details as possible to Kindra Mitchell-Dorsey LPC
Two Point Perspective LLC 4304A East Central Texas Expressway Suite A, Killeen, Texas 76543 info@2pointperspective.org

I _____, confirm that I have read and fully understand this document, and by confirming constitutes a legally binding signature.