

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Purpose: Healing Minds Behavioral Health, PLLC and its covered entities and business associates follow the privacy practices described in this Notice. Healing Minds Behavioral Health, PLLC maintains your health information in records that are kept in a confidential manner, as required by law. Healing Minds Behavioral Health, PLLC must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use, Disclosure, and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Healing Minds Behavioral Health, PLLC may use or release/discard some of your protected health information (**PHI**) for treatment and health care operations purposes in order to conduct its business. “PHI” refers to information within your health records that could identify you. We are permitted to use and release health information without authorization from you. To help clarify these terms, here are some definitions:

- **Treatment:** This includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with staff members or other consultants to make a diagnosis.
- **Payment:** Healing Minds Behavioral Health, PLLC may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment.
- **Health Care Operations:** These are activities that relate to the performance and operation of Healing Minds Behavioral Health, PLLC to measure and improve the quality of care. Examples of health care operations are quality assessments, improvement activities, business-related matters such as audits or administrative services, care coordination, and education/training purposes.
- **Use:** Applies only to activities within Healing Minds Behavioral Health, PLLC [office, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure:** Applies to activities outside of Healing Minds Behavioral Health, PLLC [office, practice group, etc.] such as releasing, transferring, or providing access to information about you to other parties.

Your Authorization Is Required for Other Disclosures: In any other situation for purposes outside of treatment and health care operations, we will ask for your written authorization before using or disclosing any identifiable health information about you. Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Except as described above, we will not use or disclose your medical information, unless you allow Healing Minds Behavioral Health, PLLC, in writing, to do so. For example, we will not use your photographs for presentations outside Healing Minds Behavioral Health, PLLC without your written permission. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures, which will be effective only after the date of your written withdrawal.



You Have Rights Regarding Your Health Information: You have the following rights regarding your medical information, if requested on the form(s) provided by Healing Minds Behavioral Health, PLLC:

Right to request restriction. You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.

Right to confidential communications. You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.

Right to inspect and copy. You have the right to review and obtain a copy of your medical or health record. Psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the Healing Minds Behavioral Health, PLLC. Healing Minds Behavioral Health, PLLC comply with the outcome of the review.

Right to request amendment. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Healing Minds Behavioral Health, PLLC. Healing Minds Behavioral Health, PLLC is not required to accept the amendment.

Right to accounting of disclosures. You may request a list of the disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.

Right to restrict certain disclosures to a Health Plan. You may request a restriction of certain disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.

Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our website, www.hmbhsa.com.

Complaints: If you believe your privacy rights have been violated, you may file a complaint against the Licensed Professional Counselor by writing to: Department of Health and Human Services-Complaints Management and Investigative Section, P.O. Box 141369 Austin, Texas 78714-1369, or by calling 1-800-942-5540. We will not penalize or retaliate against you in any way for making a complaint to Healing Minds Behavioral Health, LLC, or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.

Requirements Regarding This Notice. Healing Minds Behavioral Health, PLLC is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Healing Minds Behavioral Health, PLLC may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you register at Healing Minds Behavioral Health, PLLC for health services, you may receive a copy of the Notice in effect at the time.



I have reviewed this summary of Healing Minds Behavioral Health Notice of Privacy Practices. I understand I have the right to request restrictions to how my health information may be used or disclosed and that Healing Minds Behavioral Health is not required to agree to the restrictions I request.

Caregiver's Name (Please Print)

Caregiver's Signature

Date

***NOTE: For Minor clients, parent/caregiver signatures are required to give consent for services. Signatures will be requested on the "Consent for Counseling a Minor" form.**