

Naturally You Counseling Center
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Notice of Privacy Practice and Informed
Consent

This notice describes how Protected Health Information (PHI) about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Naturally You is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Naturally You, please contact Mark Michalica at, (940) 380-1111.

Uses and Disclosures of Protected Health Information

Your PHI may be used and shared by your counselor and others outside of this office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health bills and to support the operation of your counselor's practice if your counselor works directly with insurance companies on your behalf. Following are examples of the types of uses and disclosures of your PHI that your counselor's Office is permitted to make. These examples are not meant to be exhaustive.

- **Treatment.** Your counselor will use and disclose your PHI to provide, coordinate, or manage your mental health care and any related services. This includes the coordination or management of your mental health care with another counselor or health care provider, who at the request of your counselor becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- **Payment.** Your PHI will be used and shared, as needed, to obtain payment for your health care services provided by your counselor. This may include certain activities that your health insurance plan, if any, may undertake before it approves or pays for your health care services.

- **Health care options.** Naturally You may share your PHI with third party “business associates” that perform various activities (appointment, billing, transcription services) for your counselor. A written contract will exist that will protect the privacy of your PHI with any business associate.

How Naturally You Protects Your Health Information

- Treating all of your health information that is collected as confidential
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

Uses and Disclosures of Your PHI Requiring Neither Your Consent nor Authorization

Naturally You may use or disclose your Protected Health Information (PHI) in the following situations without your authorization or providing you the opportunity to agree or object.

- **Abuse or Neglect.** If your counselor has reason to believe that a minor child, elderly person, or person with disability has or is being abused, abandoned, or neglected, your counselor must report this to the appropriate authorities.
- **Health oversight activities.** If the Texas State of Board of Examiners of Professional Counselors is investigating a clinician that you have filed a formal complaint against, your counselor may be required to disclose PHI regarding your case.
- **Judicial and administrative proceedings.** There may be times a court may order the disclosure of Personal Health or Treatment Information. If a court subpoenas information about the professional services provided you and/or your records Naturally You will not release your information without attempting to notify you or your legally appointed representative first.
- **Professional harm.** If you disclose sexual contact with another mental health professional with whom you have had a professional relationship, your counselor is required to report this violation to the licensing board. You have the right to privacy in filing of the report.

- **Serious threat to health or safety.** If your counselor is led to believe, based on your disclosure, that you are a serious physical harm to yourself others, this information may be shared with the proper authorities, including the police. In both cases only the minimum amount of information deemed necessary will be used.
- **National security.** Naturally You may be required to disclose to military authorities the health information of armed forces personnel under certain circumstances. Your counselor may be required to disclose to authorized federal officials, PHI required for lawful intelligence and counterintelligence, and other national security activities. Your counselor may disclose mental health information to a correctional institution or law enforcement official having lawful custody of PHI of an inmate or client under certain circumstances.

Uses and Disclosures of Your PHI Requiring Your Authorization

Naturally You may use or disclose mental health information outside treatment or healthcare 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 your counselor is asked for your PHI, written authorization from you will be obtained before the release of any information. You may revoke such authorizations at any time provided each revocation is in writing.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

Unless you object, information may be disclosed about your PHI to a member of your family, a relative, a close friend, or any other person you identify that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, your counselor may disclose such information as necessary if determined it is in your best interest.

Your Rights as a Client

- **Right to request restrictions.** You have the right to request additional restrictions on certain uses and disclosures of protected health information. Naturally You may not be able to accept your request, but if it does, your request will be upheld unless it is an emergency.
- **Right to receive confidential communications by alternative means and locations.** You have the right to request and receive confidential communications of mental health information by alternative means and at alternative locations. (eg. Your information may be sent to another address to prevent a family member from seeing it.)
- **Right to inspect and copy.** You have the right to inspect or obtain a copy of your clinical records. A reasonable fee may be charged for copying. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. Upon your request, your counselor will discuss the details of the request and the denial process with you.
- **Right to amend.** You have the right to request in writing an amendment of your health information for as long as the PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, your counselor will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any of your health information will be deleted.
- **Right to an accounting.** You generally have the right to receive an accounting of disclosures of mental health information. If your PHI is disclosed for any reason other than treatment or health operations, you have the right to an accounting for each disclosure of the previous five years, but the request can not include dates before April 14, 2003. The accounting will include the date, name of person, or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one accounting is requested in a twelve month period, a reasonable fee may be charged.

Counselor's Duties.

- Naturally You is required by law to maintain the privacy of mental health information and to provide you with a notice of legal duties and privacy practices.
- Naturally You reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, your counselor is required to abide by the terms currently in effect.

Complaints.

If you are concerned that your privacy rights may have been violated, you have the right to make a complaint to your counselor

You may also make a complaint with the Secretary of Health and Human Services. This address will be provided to you upon request.

Naturally You **WILL NOT RETALIATE** against you for filing a complaint.