

ARLINGTON BRIEF THERAPY

Individual Practitioners In Private Practice

Donald C. Mappes, PhD, LPC, LMFT

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.

This notice takes effect on April 15, 2003 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING HEALTH INFORMATION

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the way we may use and share health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

2. OUR LEGAL DUTY

Law Requires Us to:

1. Keep your health information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your health information.
3. Follow the terms of the current notice.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all health information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following section describes different ways that we use and disclose health information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose health information. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing us at the address provided at the end of this notice.

FOR TREATMENT: We may use and disclose health information for your treatment and to provide you with treatment-related health care services. We may disclose health information to doctors, nurses, technicians, or other personnel including people outside our office, who are involved in your health care and need the information to provide you with health care.

FOR PAYMENT: We may use and disclose your health information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your health information.

HEALTH CARE OPERATIONS: We may use and disclose health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you. Premises security enhanced through video monitoring.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your health information for treatment, payment, and health care operations, we may use and disclose health information for the following purposes.

Notification: We may use and disclose health information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up health information for you.

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for health suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

SIGNATURE

DATE

I have been informed of the above notice.

ARLINGTON BRIEF THERAPY
2363 Highway 287 North, suite 101
Mansfield, TX 76063

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact **Donald C. Mappes, Ph.D. at (817)265-8888**. You may file a complaint with our office or with the U.S. Department of Health and Human Services. All complaints must be made in writing. We will provide you with the address of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

QUESTIONS AND COMPLAINTS

1. Receive a list of all the times we or our business associates shared your health information for purposes other than treatment, payment, and health care operations and other specified exceptions.
2. Request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request that we communicate with you about your health information by different means or to different locations. Your request for confidential communication must be made in writing to the contact person listed at the end of this notice. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

1. Look at or get copies of certain parts of your health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. We charge a fee for each page, and postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
2. Receive a list of all the times we or our business associates shared your health information for purposes other than treatment, payment, and health care operations and other specified exceptions.

You Have a Right to:

4. YOUR INDIVIDUAL RIGHTS

Alternative and Additional Health Services: We may use and disclose health information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Appointment Reminders: We may use and disclose health information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Health Oversight Activities: We may disclose health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Workers Compensation: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Victims of Abuse, Neglect, or Domestic Violence: We may use and disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your health information if it is necessary to prevent a serious threat to the health or safety to you or others. We may share health information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Court Orders and Judicial and Administrative Proceedings: We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your health information with law enforcement officials. We may share limited information with a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.