

**Paul Massingill, LMFT-Associate**

**Under the supervision Dr. Misti Sparks, LMFT-S**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**I. MY PLEDGE REGARDING HEALTH INFORMATION:** I understand that health information about you and your health care is personal. I am committed to protecting your health information. I will create a record of the care and services you receive from me after each session. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this counseling practice. This notice describes the ways in which I may use and disclose health information about you. This notice also describes your rights to your health information and describes certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.

## **II. YOU HAVE THE RIGHT TO:**

1. *Get a copy of this privacy notice.* I will provide a paper copy of this notice at your request.
2. *Get a copy of your paper or electronic medical records.* I will provide a copy or summary of your health information, usually within 30 days of the request. If significant time is required for this request, a reasonable, cost-based fee may apply.
3. *Correct your paper or electronic medical record.* You can ask me to correct information you believe is incorrect or incomplete. I may say “no” to your request but will provide a written explanation explaining why within 60 days.
4. *Request confidential communication.* You can ask me to contact you in a specific way (e.g. certain number or email). I will say “yes” to all reasonable requests.
5. *Ask me to limit the information I share.* You can ask me to NOT share certain health information for treatment, payment, or operations. I may say “no” to this request if it violates legal requirements or if I believe it would negatively affect your care.
6. *Get a list of those with whom I have shared your information.* You can request a list of instances when I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will

respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give will include disclosures made in the last six years unless you request a shorter time. I will provide the list at no charge; however, if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

7. *Choose someone to act for you.* If you have given someone medical power of attorney, or if someone is your legal guardian, that person may make choices and exercise your rights about health information. I will require proof of authorization to act on your behalf. In certain emergency situations, authorization to act may be approved retroactively.
8. *File a complaint if you believe your privacy rights have been violated.* You are free to contact me to discuss complaints or concerns. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**III. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

1. *For Treatment, Payment, or Health Care Operations.* Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. For example, if a clinician were to consult with me about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your condition. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a client for health care from one health care provider to another.
2. *Lawsuits and Disputes.* If you are involved in a lawsuit, I may be required to disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and to allow you to try to obtain an order protecting the information requested. I may also use or disclose information in use of defending myself in legal proceedings instituted by you.
3. *Public health and public good.* In certain circumstances regarding the public health and public good, I may disclose health information. This could include the following: use by the Secretary of Health and Human Services to investigate my compliance with HIPAA; required by a coroner or medical examiner who is performing duties authorized by law; required to help avert a serious threat to the health and safety of others; for health oversight activities, including audits and investigations; compliance with workers'

compensation laws or other requests required by state or federal law; for law enforcement purposes, including reporting crimes being committed on my premises; health research (no identifying information will be shared).

**IV. I WILL NOT** use or disclose your PHI for marketing purposes, and I will not sell your PHI.

**V. EFFECTIVE DATE OF THIS NOTICE.** This notice went into effect on October 30, 2023.

**VI. ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

**Paul Massingill, LMFT-Associate**

**License # 205055**

**Under the supervision Dr. Misti Sparks, LMFT-S**

**(817) 480-4632**

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Acknowledgement of Receipt of Privacy Notice

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