



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: September 1, 2018

We respect our clients' confidentiality and only release information about you in accordance with state and federal laws.

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

This notice describes our policies related to the use of the records of your care at Compassion Centered Counseling, PLLC. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional information, contact Compassion Centered Counseling, PLLC, 1668 Keller Pkwy, Suite 200, Keller, TX.76248, 817-666-3067.

1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We use and disclose the minimum necessary health information about you for your treatment, for payment for your services, and for Compassion Centered Counseling, PLLC's mental health care operations.

- a. For Treatment. We use and disclose your health information internally in the course of your treatment at Compassion Centered Counseling, PLLC. For example, we may give information to another Compassion Centered Counseling, PLLC health care professional for the purpose of referral within Compassion Centered Counseling, PLLC. If we wish to provide information outside of Compassion Centered Counseling, PLLC for your treatment by another health care provider, we will have you sign an Authorization for Release of Information.
- b. For Payment. We may use and disclose your health information to obtain payment for services we provide to you as delineated in the "Contract, Office Procedures, and Financial Agreement" form. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.
- c. For Health Care Operations. We may use and disclose your health information within Compassion Centered Counseling, PLLC as part of our internal health care operations. For example, this could mean a review of records to assure quality. We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.

2. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Texas and federal law, information about you may be disclosed without your consent in the following circumstances.

- a. Emergencies. Sufficient information may be shared to address an immediate emergency you are facing.
- b. Judicial and Administrative Proceedings. We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.
- c. Public Health Activities. If we felt you were an immediate danger to yourself or others, we may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
- d. Child/Elder Abuse. We may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.
- e. Criminal Activity or Danger to Others. We may disclose health information if a crime is committed on our premises or



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against our personnel, or if we believe there is someone who is in immediate danger.

- f. National Security, Intelligence Activities, and Protective Services to the President and Others. We may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
- g. Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
- h. Business Associates. Compassion Centered Counseling, PLLC may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, Compassion Centered Counseling, PLLC contracts with a financial group to review the finances of Compassion Centered Counseling, PLLC on a yearly basis for tax purposes. In the process of a review, they may encounter client-billing records. Additionally, Compassion Centered Counseling, PLLC contracts with a billing service for insurance billing of claims and encounter client-billing records in this process. All of our business associates sign agreements to protect the privacy of your information and are not allowed using or disclosing any information other than as specified in our contract.
- i. Research/Supervision. Under certain circumstances, Compassion Centered Counseling, PLLC may use and disclose health information for supervision. Before we do so, the supervision will go through a special approval process that includes a consent form for clients to sign if they are included in supervision. Even without the special approval, however, Compassion Centered Counseling, PLLC may permit supervisees affiliated with Compassion Centered Counseling, PLLC to look at non-identifying information to help them with supervision.
- j. Marketing. Compassion Centered Counseling, PLLC may send you newsletters or information about services we provide in which we feel you might be interested. You may at any time request that your name be removed from our mailing list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.
- k. Activities. Compassion Centered Counseling, PLLC may use certain client demographic information-such as your name and address-to contact you about workshops, training events, calendars of events, etc.
- l. Scheduling Appointments. Compassion Centered Counseling, PLLC may use your phone number to call you and leave messages to schedule, remind you of appointments or follow up on appointments.

3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

- a. Right to Inspect and Copy. You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
- b. Right to Amend. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
- c. Right to an Accounting of Disclosures. You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to the Executive Director, Marcy Conner. Such accountings are available for disclosures beginning April 14, 2003, and remain available for eight years after the last date of service at Compassion Centered Counseling, PLLC.



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- d. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not share information with an insurance company, in which case you would be responsible to pay in full for the services provided. While you are in treatment, a written request should be made with your therapist. To request a restriction after therapy is completed, you must make your written request to the Executive Director of Compassion Centered Counseling, PLLC. We are not required to agree to your request, but we will consider the request very seriously. If we agree, we will abide by our agreement unless the information is needed in an emergency or by law.
- e. Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.
- f. Right to Obtain a Paper Copy of this Notice. You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available at the Compassion Centered Counseling office. You may also obtain a copy of this notice at our web site, www.compassioncentered.com. Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by Compassion Centered Counseling, PLLC, and will only be for disclosures not already completed. We reserve the right to change our privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, we will change this Notice and make a new Notice available to you at the office location and on our web site. Beginning April 14, 2003, we are required to abide by the terms of Notice.

QUESTIONS AND COMPLAINTS:

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Marcy Conner, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Compassion Centered Counseling, PLLC or with the Secretary of the Department of Health and Human Services or Texas Attorney General’s office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

<p>U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts</p>	<p>Office of the Texas Attorney General Consumer Protection Division PO Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 https://www.oag.state.tx.us/forms/cpd/form.php</p>	<p>Compassion Centered Counseling Marcy S. Conner Privacy Officer 1668 Keller Pkwy Ste. 200 Keller, TX 76248 817-666-3067</p>
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NOTICE OF PRIVACY PRACTICES AVAILABILITY

You may obtain a copy upon request, and the notice will be maintained on the organization’s web site for downloading.