



New Focus Center, LLC

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

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New Focus is committed to treating and using protected information about you responsibly. This Notice of Health Information Practices describes the personal information that is collected, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective 9/27/2018, and applies to all protected health information as defined by federal regulations.

Your Health Record/Information

After each session at New Focus, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment and a plan of care for future treatment. This information serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we provide and outcome measures.

Understanding what is in your record and how your health information is used allows you to make more informed decisions when authorizing disclosure to others.

Clients' Rights

- *Right to Request Restrictions* (as provided by 45 CFR 164.522)

You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.

- *Right to Receive Confidential Communications by Alternative Means and at Alternate Locations*— (i.e.. request for letters to be mailed to a different address than home)

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations except to the extent that action has already been taken.

- *Right to Inspect & Copy* (as provided for in 45 CFR 164.524)

You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, we will discuss with you the details of the request for access purposes.

- *Right to Amend* (as provided in 45 CFR 164.528)

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

- *Right to Accounting* (as provided in 45 CFR 164.528)

You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

- *Right to Paper Copy*

You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

- *Right to revoke your authorization to use or disclose health information.*

Our Responsibilities

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, you will be notified in person or by mail.
- We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternate locations.
- We will not use or disclose your health information without your authorization, except as described in this notice.
- We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For more information or to report a problem:

If you have questions about this Notice, you may contact Privacy Officer, Stephen Russell, via email trey@newfocusparis.com or by calling (903) 715-4480

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights, U.S. Dept of Health and Human Services. There will

be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

The address for the OCR is listed below:

Office for Civil Rights
U.S. Dept of Health & Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and healthcare operation purposes with your written authorization. To help clarify these terms, here are some definitions:

PHI- refers to information in your health record that could identify you

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS- Treatment is when we provide, coordinate, or manage your healthcare and other services related to your healthcare.

An example would be when we consult with your PCP, psychiatrist, or another counselor.

PAYMENT-is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or reimbursement.

HEALTHCARE OPERATIONS- are activities that relate to the performance and operation of the practice. Examples: quality assessment, improvement activities, business related matters (audits/case management/case coordination/administrative services).

USE-applies only to activities within the office, such as, sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

DISCLOSURE- applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

AUTHORIZATION-is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

Other Uses and Disclosures Requiring Authorization

New Focus may disclose PHI for purposes outside of treatment, payment, or healthcare operations when your appropriate authorization is obtained. In those instances when asked for information for purposes outside of treatment, payment, or healthcare operations, we will obtain an authorization from you before releasing this information.

We will also need to obtain an authorization before releasing your Psychotherapy Notes.

“Psychotherapy Notes” are notes made about our conversation during a private, group, joint, or family counseling session, in which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have

relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Authorization

New Focus may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse-** If we have reasonable cause to believe a child known on our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse-** If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- **Health Oversight Activities-** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.
- **Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof such information is privileged under state law, and we must not release such information without a court order. The information can be released directly to you on your request. The information can be released directly to you upon your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order.
- **Serious Threat to Health or Safety-** If you communicate to your therapist a specific threat of imminent harm against another individual or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm- to law enforcement. If YOU present an imminent, serious risk of physical or mental injury or death to yourself, your therapist must report this information to law enforcement, to protect you from harm.