

Tensegrity Counseling Associates
1733 W 33rd St., Suite 120, Edmond, OK 73013
Phone: (405) 285-7332 Fax: (405) 285-7338

NOTICE OF PRIVACY PRACTICES
Effective January 1, 2014

This notice describes how medical information (including psychotherapy) about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

PROTECTING YOUR PRIVACY

As a licensed therapist in the state of Oklahoma, I manage your mental health records with great concern for privacy and confidentiality. Although the security of mental health records has continuously been addressed by licensing code of ethics as well as State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of the HIPAA and your rights concerning privacy and your mental health records.

YOUR RIGHTS

1. ***You have the right to inspect and obtain a copy of your medical record.***
Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways: 1) The *clinical record* (required) may include the date of your consultations, your reasons for seeking therapy, diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier; 2) *Psychotherapy notes* (optional), consisting of the specific content or analysis of therapy conversations, how they impact the therapy (including sensitive information that you may reveal that is not required to be included in your clinical record), and notes of your therapist that may assist in treatment. Psychotherapy notes are kept separately from your clinical record in order to maximize privacy and security. Further, you have the right to inspect and obtain a copy of your *clinical record*. Viewing the record is best done during a professional consultation in order to clarify any questions that you might have at the time. You may be charged a fee for accessing and photocopying the record. *Psychotherapy notes*, however, if they are created, are not disclosed to third parties, HMOs, insurance companies, billing agencies, clients, or anyone else. They are for the use of a treating therapist in tracking the many details of the consultations that are far too specific to be entered into the clinical record.

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2. ***You have the right to request a correction or add an addendum to your mental health record.*** If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (previous therapist, primary care physician, etc.), it may remain unchanged, and the request may be denied. In this case, you will receive an explanation in writing with a full description of the rationale. You also have the right to make an addition to your record if you think it is incomplete.
3. ***You have the right to an accounting of disclosures of your mental health information to third parties.*** You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and office operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (i.e. disclosures to other therapists, physicians, specialists, etc.).
4. ***You have the right to request restrictions on how your information is used.*** All requests must be in writing and will be given serious consideration. Unless there is a good reason for denial, requests will be honored whenever possible. Tensegrity Counseling Associates does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, office operations, insurance billing, and other exceptions specified in this notice.
5. ***You have the right to request confidential communications.*** You can request that your therapist's office communicate with you about your treatment in a certain way or at a certain location. For example, you may prefer to be contacted at work instead of at home to schedule or cancel an appointment, or you may wish to receive billing statements at a post office box rather than your home address.
6. ***You have the right to receive a copy of this notice upon request.***
7. ***You have the right to file a complaint.*** If you believe your privacy rights have been violated by the office of Tensegrity Counseling Associates you can file a complaint in writing. Your complaint may be addressed directly to Angela Ridings or to the Secretary of the Department of Health and Human Services. If you have any questions or concerns about this notice or this health information privacy please contact Tensegrity Counseling Associates at (405) 285-7332.

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HOW THIS PRACTICE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

1. ***For treatment:*** I will use mental health information about you to assist in the continuity of treatment and services. This information will not be shared with other health care professionals, however, unless you specifically request or agree to it and sign consent to that effect.
2. ***For Payment:*** I may use and disclose mental health information about you for billing purposes. This is generally restricted to your diagnostic and treatment codes, dates of service, name and other personal identifiers needed by insurance companies to process your claims.
3. ***For office operations:*** I may use and disclose medical information about you to operate this therapy practice. For example, we may use and disclose this information to review and improve the quality of care we provide. We may use and disclose this information for the purposes of working with you insurance carrier to authorize services or referrals. It may be necessary to use and disclose information for medical reviews, legal services, and audits.
4. ***Communication with family:*** We may disclose information, only as a necessity, to family members if there is an emergency situation, concern for your well-being, or in the event of your death. In the event of a natural disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to do so prior to making these disclosures. If you object in an emergency situation, we may have to disclose any way for your safety. We will always use our best clinical judgment in the rare occasion that you are not able or unavailable to give proper agreement or objection.
5. ***As required by law:*** We will use and disclose mental health information, when we are required to do so by federal, state, or local law. We may disclose your mental health information to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included, but not limited to a response to a court or administrative order, if you are involved in a lawsuit or similar proceedings, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your mental health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your mental health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the

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public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. **Marketing:** I do my own marketing. I do not ever sell or give your personal information to others for marketing purposes. As part of my normal business practices, I do notify my clients when I have new services available or make changes within the practice.
7. **Business associates:** I may contract with a billing agency or attorneys to attend to business aspects on an as needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information, in compliance with the rules of HIPAA.
8. **Changes to this notice:** Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as I become aware of them. In the meantime, please do not hesitate to raise any questions or concerns about confidentiality with me at any time.