

NOTICE OF PRIVACY PRACTICES

Rolling Plains Counseling & Wellness Center
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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.

GENERAL RULE

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices and to follow the terms of this Notice currently in effect.

Generally, we cannot use your health information in our office or disclose it outside of our office without your written permission, which is called an authorization form. In situations involving routine health care delivery, the law allows or requires us to disclose your health information without written authorization. Routine health care delivery includes treatment, payment and health care operations.

USES OR DISCLOSURES FOR ROUTINE HEALTH CARE DELIVERY PURPOSES

We use information for treatment purposes, when for example, we must set up an appointment for you or when our therapists provide treatment to you. It may be necessary to disclose your health information outside of our office for treatment purposes if, for example, we refer you to another provider for treatment. Sometimes we may ask for copies of your health information from another professional that you may have seen before.

We use your health information for payment when, for example, our staff asks you about your health insurance information, or about other sources of payment for our services, when we prepare bills to send to you or your health insurance carrier, when we process payment by credit card, and when we try to collect unpaid amounts due. We may disclose your health information outside of our office for payment purposes when, for example, bills or claims for payment are mailed, faxed, or sent by computer to you or your health care plan, or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for health care operations in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our providers to participate in managed care plans, for the defense of legal matters, to develop business plans, and for outside storage of our records.

USES AND DISCLOSURES WITHOUT AUTHORIZATION

In some situations, the law allows or may require us to use or disclose your health information without your permission. Such uses or disclosures are:

- when a State or Federal law mandates that certain health information be reported for a specific purpose;

- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings; such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures relating to worker's compensation programs;
- disclosures to business associates who perform health care operations for us and who agree to keep your health information private.

CONFIRMATION OF APPOINTMENTS

We may call, text or email to remind you of scheduled appointments with your permission given on this consent form.

OTHER DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We are not required to agree, except that we must honor a request to restrict disclosure to a health plan if you pay for services out-of-pocket.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home or by mailing health information to a different address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost incurred. If you want to ask for confidential communications, send a written request to Tina Souder at the address or fax number shown at the beginning of this Notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying, for example, "Psychotherapy Notes" have special

protection under HIPAA and are not accessible by patients or insurance companies. Records will generally be provided within 30 days of your request, with one possible 30-day extension as allowed by law. You may have to pay a reasonable fee for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to Rolling Plains Counseling & Wellness Center at the address or email shown at the beginning of this Notice.

- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment to Rolling Plains Counseling & Wellness Center at the address or email shown at the beginning of this Notice.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to Rolling Plains Counseling & Wellness Center at the address or email shown at the beginning of this Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request, no matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to Rolling Plains Counseling & Wellness Center at the address or email shown at the beginning of this Notice.
- Request electronic copies of your health information and request that copies be sent to a designated person or entity, where feasible.
- Receive a paper copy of this Notice upon request.
- Receive notification if a breach of unsecured protected health information occurs involving your records.
- Texas law may permit parents or legal guardians access to a minor or elderly person's medical records by that minor/elderly person's parent and/or guardian, except where access is limited or prohibited by law, including mental health treatment considerations or safety concerns.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Requirements until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new Privacy Practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will have copies available in our office.

COMPLAINTS/GRIEVANCES

If you think that we have not properly respected the privacy of your health information, you are free to make a complaint to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. If you would like to make a complaint to us, send a written complaint to Rolling Plains Counseling & Wellness Center, 1510 15th St. Wellington, Texas 79095 or scan and email the complaint to our office at tina.souder@soudercounseling.com. You will not be retaliated against for filing a complaint.

I also acknowledge that I may submit a Grievance to the Provider at any time to register a complaint about any aspect of my care. If I am not satisfied with the responses I receive, I may submit the Grievance to the address below:

To report a rules violation by this licensee, contact the appropriate Board:

- Texas State Board of Examiners of Licensed Professional Counselors
- Texas State Board of Examiners of Marriage and Family Therapists
- Texas State Board of Social Work Examiners

At the following common address: Texas Behavioral Health Executive Council

George H.W. Bush State Office Bldg.
1801 Congress Ave., Ste. 7.300
Austin, TX 78701 (1-512-305-7700)

You can file a consumer complaint at the following website:

<https://www.texasattorneygeneral.gov/consumer-protection>

FOR MORE INFORMATION

If you want more information about our Privacy Practices, call or visit Rolling Plains Counseling & Wellness Center at the address or phone number listed at the beginning of this Notice.