**NOTICE OF PRIVACY PRACTICES**

This Notice describes how the Paluxy River Children’s Advocacy Center may use and disclose medical (that includes mental health) information about you, and how you can get access to this information. It is broken down into 3 sections: Your Rights, Your Choices, Our Uses & Disclosures. Please review it carefully.

**We may use and share your information as we**:

* Treat you
* Run our organization
* Comply with the law
* Respond to lawsuits and legal actions
* Raise funds

**You have some choices in how we use & share your information**:

* Who we can share information with
* How we contact you
* What information we can share
* When we can share information

**You have the right to**:

* Obtain a copy of your record
* Request a correction or change of your record
* Request confidential communication
* Ask us to limit what we share
* Obtain a list of who we have shared your information with.
* Obtain a copy of this notice.
* Choose someone to act for you.
* File a complaint if you believe your privacy rights have been violated.

This section explains your rights as they pertain to your information, as well as our responsibilities in ensuring that your rights are respected.

* **Obtaining a copy of your record.** You can ask at any time to obtain a copy of your record. We have 30 days to comply with your request. We have the right to charge a reasonable cost-based fee.
* **Requesting a change or correction of your record.** You may ask us to correct health information about you that you think is incorrect or incomplete. We have the right to say “no”; we will provide you with an explanation within 60 days.
* **Requesting confidential communication.** You may ask us to contact you in a specific way (for example at home, or at work) or to send mail to a different address. We will say “yes” to all reasonable requests.
* **Request that we limit what we share.** You may ask us not to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would be detrimental to your care. At this time, we do not share information with insurance companies.
* **Request a list of who we have shared information with.** You can ask for a list of the times we have shared your health information for six years prior to the date that you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one list a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
* **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time.
* **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that the person has this authority and can act for you before we take any action.
* **File a complaint if you feel your rights are violated.** You can file a complaint if you feel we have violated your rights by contacting us using the information on page 4. You can also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to **200 Independence Avenue, S.W., Washington, D.C. 20201**; by calling **1-877-696-6775**, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for making a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please let us know. Tell us what you want us to do and we will follow your instructions.

* **In these cases, you have both the right and choice to tell us to:** 
  + Share information with your family, close friends, or others involved in your care
  + Share information in a disaster relief situation
  + Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

* **In these cases we never share your information unless you give us written permission:**
  + Marketing purposes
  + Sale of your information
  + Most sharing of psychotherapy notes (where legal limits on confidentiality do not apply)
* **In the case of fundraising:**
  + We may contact you for fundraising efforts, but you can tell us not to contact you again.

How do we typically use or share your health information? We typically use or share your health information in the following ways either when you give us permission (which you may revoke in writing at any time), or within our legal rights and obligations according to federal and state law.

* **To treat you.** We can use your health information and share it with other professionals who are treating you for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. **Example:** In order to refer to a psychiatrist to be evaluated for medication needs.
* **For payment.** We may use and disclose your health information so that we can receive payment for the treatment services provided to you. **Example:** Payment-related activities include reviewing services provided to you for grant related activities or undertaking utilization review activities. This does not refer to payment from you as our services are provided at no charge.
* **To run our organization.** We may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities, and/or to contact you when necessary. **Example:** We may call you to remind you of an upcoming appointment.
* **To comply with the law.** We can use and share your health information when it is required by federal and/or state law. **Example:** To report suspected abuse, neglect, or domestic violence; and/or to prevent or reduce a serious threat to anyone’s health or safety; and/or to report to the Department of Health and Human Services to demonstrate our compliance with federal privacy laws.
* **To respond to lawsuits and legal action.** We can share health information about you in response to a court or administrative order, or in response to a subpoena. **Example:** If there is legal action involved in your case and our records are subpoenaed.
* **Without authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. We may use or disclose PHI without your consent in the following circumstances:
  + **Health Oversight.** If a complaint is filed against the therapist with the State Board of Examiners, the board has the authority to subpoena or court order confidential mental health information from us relevant to that complaint.
  + **Public Health.** We are required by law to cooperate or assist public health authorities in the reporting of certain communicable diseases, injuries, and vital events such as birth and death.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information please see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will aplly to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Effective Date:** September 1, 2015

**Contact:** Privacy & Security Officer Layna Lankford, MA, LPC at 1540 Southtown Drive, Suite 102, Granbury, TX 76048; 817-573-0292