

VITAL INSIGHT COUNSELING

STEPHANIE CRUZ-TREVINO, M.A., LPC
PHONE 512.705.7990

VITALINSIGHTCOUNSELING@GMAIL.COM
WWW.VITALINSIGHTCOUNSELING.COM

HIPAA Notice of Privacy Practices

Effective August 1, 2008

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Stephanie Cruz-Trevino M.A., LPC-S.

Privacy Commitment to You: Your privacy is of utmost importance to us. The information we have about you will be held to the highest levels of confidentiality. We are required by law to give you a notice of our privacy practices and to maintain the privacy of your confidential information. Unless you give us permission in writing, we will only disclose your information when we are ethically or legally required to do so.

Who Will Follow This Notice: This notice describes the information privacy practices followed by all therapists associated with Vital Insight Counseling.

Your Confidential Information: This notice applies to the information and records we have about your counseling, mental health status, and the care and services you receive at this office.

How We May Use and Disclose Information About You; Special Situations: We may use or disclose information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose confidential information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person. We may also disclose information relative to the disclosure of past or present knowledge of child abuse or abuse of the elderly or the disabled.

Required by Law: We will disclose health information about you when required to do so by federal, state or local law.

Lawsuits and Disputes: If you are involved in a law suit or dispute, we may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose information about you in response to a subpoena.

Other Uses and Disclosures of Health Information: We will not use or disclose your confidential information for any other purpose other than identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Informed Consent* we may have obtained from you. If you give us *Authorization* to use or disclose confidential information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights: You have the following rights regarding health information we obtain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as progress notes and billing records. You must submit a written request to Vital Insight Counseling privacy officer in order to inspect and/or copy your information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect/copy in certain limited circumstances. If you are denied access to your information, you may ask that the denial be reviewed. If such a review is required by law, we will select a mental health professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Client/Guardian Initials _____ Client/Guardian Initials _____

107 FANNIN AVE., STE 200; ROUND ROCK, TEXAS 78664

Right to Amend: If you believe information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Record Amendment/Correction Form to the Vital Insight Counseling privacy officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the information we keep?
- You would not be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of confidential information about you. To obtain this list, you must submit your request in writing to the Vital Insight Counseling privacy officer. It must state a time period, which may not be longer than six years and may not include dates before August 2008. Your request should indicate in what form you want the list, e.g., paper, electronic, etc. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the confidential information we use or disclose about you. We are not required to agree to such requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about treatment matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the privacy officer.

Changes to This Notice: We reserve the right to change this notice and to make the revised changed notice effective for confidential information we already have about you as well as any information we receive in the future. You will receive a summary of the revised or changed notice from your therapist.

Complaints and Communications to Us: If you wish to communicate with us about privacy issues or if you believe your privacy rights have been violated and wish to file a complaint with our office, you can do so in writing to:

Stephanie Cruz-Trevino, M.A., LPC-S
107 Fannin Ave., Ste 200
Round Rock, Texas 78664

Complaints and Communications to the Federal Government: If you believe that your privacy rights have been violated, you have the rights to file a complaint with the federal government. You may write to:

Office for Civil Rights-U.S. Dept of Health & Human Services
150 S Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Email: ORRComplaint@hhs.gov

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ACKNOWLEDGEMENT OF PRIVACY NOTICE FOR VITAL INSIGHT COUNSELING

Client Name (*please print*): _____

Client Name (*please print*): _____

Guardian Name (*please print*): _____

I hereby acknowledge that I have received the Notice of Privacy Practices for Vital Insight Counseling

Client/Guardian Signature: _____ Date _____

Client Signature: _____ Date _____

Therapist Signature _____ Date _____

Client/Guardian Initials _____ *Client/Guardian Initials* _____