

Tiffany Stanley, MA, LPC, NCC
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Notice of Privacy Practices

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This document is a shorter version of the full, legally required Notice of Privacy Practice (NPP) and you may have a copy of this to read and refer to it for more information. However, we cannot cover all possible situations so please talk to our Privacy Officer about any questions you may have.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities which are called, in the law, health care **operations**. After you have read this NPP we will ask you to sign a form acknowledging you have read and received a copy. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign a Release of Information form.

Of course we will keep your health information private but there are some times when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. For Workers Compensation and similar benefit programs.
3. Some lawsuits and legal or court proceedings.

4. If a law enforcement official requires us to do so.

There are some other situations like these which do not happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home, and not work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you such as your medical and billing records. If it becomes necessary, you may ask for a copy of these records but we will charge you for the copies. Contact our Privacy Officer to arrange.
4. If you believe the information in your records is missing important information, you may ask us to amend your health information. This request must be made in writing and sent to our Privacy Officer.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Karyn Neighbors. She can be reached by phone at 512-585-6788 or by e-mail at karynn@mdofficemail.com

The effective date of this notice is September 1, 2013.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

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Acknowledgement of Receipt of Notice of Privacy Practice

I, _____, have received a copy of this Office's Notice of Privacy Practices.

Patient name: _____

Signature: _____

Date: _____

For Office Use Only:

The reason that a standard acknowledgment of the receipt of the Notice of Privacy Practices was not obtained:

_____ Patient refused to sign (Services will not be provided)

_____ Communication barriers prohibited obtaining the acknowledgement.

_____ An emergency situation prevented this office from obtaining it.

_____ Others: _____