

**Dorothy J. Phillips, LCSW**

**Notice of Privacy Policies – HIPAA**

**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.**

When you receive treatment from Dorothy J. Phillips, LCSW, she will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care. The following notice tells you about her duty to protect your health information, your privacy rights, and how she may use or disclose your health information.

**Therapist's Duties:**

*The law requires Dorothy J. Phillips, LCSW to protect the privacy of your health information.*

This means that she will not use or let other people see your health information without your permission except in the ways she tells you in this notice. She will safeguard your health information and keep it private. This protection applies to all health information she has about you, no matter when or where you received or sought services. When you are in treatment, she will not allow any unauthorized person to interview, photograph, film, or record you without your written permission. She will not tell anyone if you sought, are receiving, or have ever received services, unless the law allows her to disclose that information.

She will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when she is allowed to use or disclose your health information without your permission, as explained in this notice. If you give her your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, she will not be liable for using or disclosing your health information before she knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to the office where you gave your permission, providing the date and purpose of the permission and saying that you want to revoke it.

She is required to give you this notice of legal duties and privacy practices, and must do what this notice says. She can change the contents of this notice and, if she does, she will have copies of the new notice at her office. The new notice will apply to all health information she has, no matter when she got or created the information. Her employees must protect the privacy of your health information as part of their jobs. She does not let employees see your health information unless they need it as part of their jobs. She will punish employees who do not protect the privacy of your health information.

She will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows her to disclose the information.

Federal law will not protect any information about a crime committed by you either at the therapist's office or against any person who works for her or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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#### **Your Privacy Rights**

You can look at or get a copy of your health information. There are some reasons why Ms. Phillips may not let you see or get a copy of your health information, and if she denies your request she will tell you why. You can appeal her decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it. You can ask her to correct information in your records if you think the information is wrong. She will not destroy or change our records, but will add the correct information to your records and make a note in your records that you have provided the information.

You can get a list of when she has given health information about you to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year. You can ask her to limit some of the ways she uses or shares your health information. She will consider your request, but the law does not require her to agree to it. If she does agree, she will put the agreement in writing and follow it, except in case of emergency. She cannot agree to limit the uses or sharing of information that are required by law. You can ask her to contact you at a different place or in some other way. She will agree to your request as long as it is reasonable. You can get a copy of this notice any time you ask for it.

#### **Treatment, Payment, and Health Care Operations:**

Ms. Phillips may use or disclose your health information to provide care to you, to obtain payment for that care, or for her own health care operations. Health information about you may be exchanged between mental health contractors for purposes of treatment, payment, or health care operations, without your permission.

**Treatment:** She can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask us not to, she may contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

**Payment:** She can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program. For example, she can use your health information to bill your insurance company for health care provided to you.

**Health Care Operations:** She can also use your health information for health care operations: Activities to improve health care, evaluating programs, and developing procedures; Case management and care coordination; Reviewing the competence, qualifications, performance of health care professionals and others; Conducting training programs and resolving internal grievances; Conducting accreditation, certification, licensing, or credentialing activities; Providing medical review, legal services, or auditing functions; and Engaging in business planning and management or general administration.

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**She is permitted by law to use or disclose your health information without your permission for the following purposes.**

**When required by law.** She may use or disclose your health information as required by state or federal law.

**To report suspected child abuse or neglect.** She may disclose your health information to a government authority if necessary to report abuse or neglect of a child.

**To address a serious threat to health or safety.** She may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

**For research.** She may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.

**To a government authority if the therapist thinks that you are a victim of abuse.** She may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.

**To comply with legal requirements.** She may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.

**For purposes relating to death.** If you die, she may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

**To your legally authorized representative (LAR).** She may share your health information with a person appointed by a court to represent your interests.

**In judicial and administrative proceedings.** She may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires her to disclose it. Some types of court or administrative proceedings where she may disclose your health information are:

**Commitment proceedings** for involuntary commitment for court-ordered treatment or services.

**Court-ordered examinations** for a mental or emotional condition or disorder.

**Proceedings regarding abuse or neglect.**

**License revocation proceedings** against a doctor or other professional.

**To the Secretary of Health and Human Services.** She must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

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**COMPLAINT PROCESS:**

If you believe that Dorothy J. Phillips, LCSW has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Michael Bodner, Privacy Officer

18484 Preston Road STE 102

Dallas, TX 75252

Phone: 214-642-3618      Fax: 972-931-2317

You may also file a complaint with:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

(800) 368-1019 (toll free)

**You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.**

**You will not be retaliated against if you file a complaint.**

**Effective Date: June 1, 2022**

*I acknowledge receipt of this notice*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_