

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed as well as how you may gain access to such information. Please review this Notice carefully.

Your health record contains information about you and your health. This information about you, which may identify you and which relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice describes how I may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics as well as the rules of Texas State Board of Social Work Examiners/Texas Behavioral Health Executive Council. It also describes your rights regarding how you may gain access to and control your PHI.

By law, I am required to main the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice. I reserve the right to change the terms of this Notice at any time, and any new Notice will be effective for all PHI that I maintain at that time. If you remain a client at the time of such a change, I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request, posting a copy on my website, or providing a hard copy to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU (YOUR PHI):

The following categories describe different ways I may use and disclose your PHI. The examples provided serve only as guidance and do not include every possible use or disclosure.

For Treatment: Your PHI may be used and disclosed by those who are involved in your care 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. I may disclose PHI to any other consultant only with your written authorization. I may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your written authorization. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits; processing claims with your insurance company; reviewing services provided to you to determine medical necessity; or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection. I will never use your PHI for marketing purposes, sell your PHI, or share psychotherapy notes related to you without your permission.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your written authorization.

As Required by Law: Under the law, I must disclose your PHI to you upon your request. I will disclose medical information about you when required to do so by federal or Texas laws and regulations. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

To Avert a Serious Threat to Health or Safety: I may use and disclose your PHI to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Sale of Practice: I may use and disclose your PHI to another physician or healthcare facility in the sale, transfer, merger, or consolidation of my practice.

Without Authorization: Following is a list of the categories of uses and disclosures permitted by HIPAA without your authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

As a licensed clinical social worker in the State of Texas, it is my practice to adhere to more stringent privacy requirements for disclosures when your authorization is not required. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA.

Child Abuse or Neglect - I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings - I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar proceeding.

Medical Emergencies - I may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Health Oversight - If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior written consent) and peer review organizations performing utilization and quality control.

Law Enforcement - I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions - I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health - If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety - I may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research - PHI may only be disclosed after a special approval process.

Verbal Permission - I may also use or disclose your information to family members who are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me at: Courtney Morton, LCSW, PLLC, 1801 W. Koenig Ln., Austin, TX 78756.

Right of Access to Inspect and Copy - You have the right to inspect and copy PHI that is maintained by me, with the exception of psychotherapy notes. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I

may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that your PHI be provided to another person.

Right to Amend - If you feel the PHI that I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact me if you have any questions.

Right to Request Limitations - You may request that I not use or share certain health information for treatment, payment or clinic operations. I am not required to agree to your request and will not agree if it will impact your care.

Right to an Accounting of Disclosures - You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one (1) accounting in any 12-month period.

Right to Request Confidential Communication - You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable requests.

Breach Notification - If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice - You have the right to a copy of this Notice.

Right to Choose a Representative 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 PHI. I will verify the person has this authority and can act for you before allowing him/her to take any action.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing to me at: Courtney Morton, LCSW, PLLC, 1801 W. Koenig Ln., Austin, TX 78756, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 (phone # 1-877-696-6775), or through the Texas State Board of Social Work Examiners/Texas Behavioral Health Executive Council website (phone # 1-800-821-3205). All complaints should be submitted in writing. I will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

I reserve the right to change my policies and procedures and/or to make new provisions effective for all PHI I maintain. Should my policies and procedures change and/or should I make new provisions effective for all PHI I maintain, I will post the amended Notice of Privacy Practices in my office.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

