

Mental Essence Privacy Policy

Mental Essence Counseling, PLLC

Discovering Clarity, Nurturing Wellness

469-224-3241

Acura Blaylock, LPC Associate *License:* 92314

PRIVACY POLICY

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 or counseling services from Mental Essence Counseling we will obtain and create "protected health information" (PHI) 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/counseling provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about your duty to protect your PHI, your privacy rights, and how we may use or disclose your health information. In summary, your PHI will not be disclosed, except as permitted or required under federal law (42 CFR & 45 CFR), state law (Chapter 611 - Health and Safety Code), or as authorized **in writing** by you and your guardian, if applicable.

Counselor's Obligations

The law requires us to protect the privacy of your PHI. This means that we will not disclose any health information without your written authorization, except in the ways outlined in this notice. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.

We will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may revoke it at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your authorization, submit a written statement, signed by you, to Mental Essence Counseling, 5900 Balcones Drive, STE 100 Austin , TX 78731

We are required to give you this notice of our legal duties and privacy practices, and our counselors must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice (ACKNOWLEDGEMENT OF RECEIPT). We may change the contents of this notice and, if we do, we will have copies of the new notice in our office. The new notice will apply to all health information we have, no matter when we obtained or created the information.

Mental Essence Counseling, may use and disclose Personal Health Information (PHI) about you with your consent in the following circumstances:

Treatment

Mental Essence Counseling and its associates may use and disclose your PHI to provide, coordinate, or manage your health care and related services, including the disclosure of your PHI to health care providers outside of Mental Essence Counseling. For example, we may use and disclose your PHI when referring you to another health care provider. We also may disclose your PHI to individuals who may be involved in your care after you terminate from Mental Essence Counseling and its associates.

Payment

Mental Essence Counseling and its associates may use and disclose your PHI to bill and collect payment for the services provided to you. For example, Mental Essence Counseling and its associates may share your PHI with your health plan(s) to request coverage and obtain payment approval before providing services to you (in non-emergency situations). Mental Essence Counseling and its associates may send a bill to you or to a third-party payee, and this bill may include PHI such as your diagnosis and treatment services received. Mental Essence Counseling and its associates also may share portions of your PHI, as necessary, with billing departments, insurance companies, and other health care providers.

Health Care Operations

Mental Essence Counseling and its associates may use and disclose PHI to perform business activities - i.e., "health care operations." This includes: Reviewing the competence, qualifications, performance of health care professionals and others;

Business office functions, such as billing, aggregate data gathering, or other functions that assist counseling staff in managing administrative case duties;

Conducting training programs;

Resolving internal grievances;

Conducting accreditation, certification, licensing, or credentialing activities;

Providing professional review, legal services, or auditing functions; and

Engaging in business planning and management or general administration.

Minimum Necessary Standard

When using, or disclosing your PHI or when requesting your PHI from another covered entity, Mental Essence Counseling and its associates will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

Disclosures to or requests by a health care provider for treatment;

Uses or disclosures made to you;

Uses or disclosures made under an authorization signed by you and your guardian (when applicable);

Disclosures made to the Secretary of the U.S. Department of Health and Human Services;

Uses or disclosures that are required by law; or

Uses or disclosures that are required for our licensed counselor's compliance with legal regulations.

Substance Abuse Services

If you receive substance abuse counseling from Mental Essence Counseling, you have the highest level of privacy protection allowable by federal law (CFR 42). This law generally requires that Mental Essence Counseling *cannot disclose PHI that would identify you as a substance abuser or a patient of substance abuse counseling without your written consent*. There are some exceptions to this requirement. Mental Essence Counseling *may use or disclose PHI that would identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows*:

As required by a court order;

To medical personnel in a medical emergency;

To qualified personnel for research, audit, or program evaluation;

To comply with State law mandating the reporting of suspected child abuse or neglect;

To communicate with law enforcement personnel about a crime or threatened crime on the premises of the offices of Mental Essence Counseling or other therapists practicing on the premises.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

Communicable Diseases

Mental Essence Counseling will not disclose information about you related to testing for Human Immunodeficiency Virus (HIV) without your specific written permission, *unless* the law requires me to disclose the information.

If you have one of the several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), Mental Essence Counseling and its associates will treat PHI about your disease as confidential and will disclose such PHI without your written consent *only in limited circumstances as permitted or required by law*.

Mental Essence Counseling will **not** use or disclose your health information without your consent or authorization, except as described in this Notice or as otherwise required by law.

Mental Essence Counseling and its associates **may use and disclose** PHI about you **without your consent or authorization** in the following circumstances:

In general, Mental Essence Counseling and its associates are required by law to obtain your written consent or authorization before using or disclosing your PHI that does not identify you as a substance abuser or a patient of substance abuse services. However, there are exceptions to this requirement, as described below:

Treatment

Your PHI may also be released to the health care professional who referred you to Mental Essence Counseling. A responsible professional associated with Mental Essence Counseling may disclose your PHI, as necessary, to a physician or health care provider who provides you with emergency medical services.

Other Permitted Uses and Disclosures

Also, Mental Essence Counseling and its associates may use or disclose PHI that does not identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

To address a serious threat to health or safety. Mental Essence Counseling and its associates 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;

In judicial and administrative proceedings. Mental Essence Counseling and its associates may also disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it.

To report known or suspected child and elder abuse or neglect;

For purposes of filing a petition for involuntary commitment or a petition for an adjudication of incompetency and the appointment of a guardian;

Other Permitted Uses and Disclosures cont.

To Mental Essence Counseling's legal counsel, if such information is relevant to litigation, to the operations of Mental Essence Counseling, or to the of services provided by Mental Essence Counseling and its associates.

Requests for PHI/Health Records

Although your health records are the physical property of Mental Essence Counseling and its associates you have certain rights with regard to the information contained therein.

1. You have the right to inspect and copy your PHI upon the submission of a written request. Again, this right is not absolute and applies only in certain situations, Mental Essence Counseling and its associates can deny access - for example, if a licensed health care professional believes that access to such information could cause harm to your physical or mental well-being.
2. If Mental Essence Counseling denies you access to your PHI, we will explain why and what your rights are, including how to seek review. If Mental Essence Counseling grants access to your PHI, we will give you instructions on any additional steps, if needed, for you to have access to the information. Mental Essence Counseling reserves the right to charge a reasonable fee for making copies of the requested PHI.
3. You have the right to request **in writing** amendment of your PHI.

Mental Essence Counseling and its associates may deny your request if:

Mental Essence Counseling or its associates did not create the record, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the request.

The records are not available for your access, as discussed above.

The record is accurate and complete.

The PHI that is the subject of your request is not maintained by or for Mental Essence Counseling.

If Mental Essence Counseling denies your request for amendment, we will notify you why and how you can submit a written statement disagreeing with the denial (which may be rebutted by Mental Essence Counseling) and how you can complain to the licensing authority about the denial.

If Mental Essence Counseling grants the request, we will make the correction(s) and distribute the correction(s) to those who need it and those you identify to us (**in writing**) that you want to receive the corrected information.

1. You have the right to request how and where Mental Essence Counseling contacts you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be **in writing**. Mental Essence Counseling is required to accommodate all reasonable requests.
2. You have the right to obtain an accounting of certain disclosures by Mental Essence Counseling of your PHI. However, Mental Essence Counseling and its associates are **not required** to provide an accounting for:

Disclosures to persons involved in the individual's care or disclosures for other notification purposes as provided in 164.510 of the HIPAA Privacy Rules (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).

National security or intelligence purposes under 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see Chapter 16).

Correctional institutions or law enforcement officials under 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).

Disclosures of PHI made before the compliance date, April 14, 2003. Disclosures of PHI made to carry out treatment, payment or health care operations;

Disclosures of PHI made to you about your PHI;

Disclosures of PHI incidental to a permissible disclosure;

Disclosures of PHI made under your written authorization.

Mental Essence Counseling must respond to the request for accounting within **60-days** of the request by providing the accounting or by granting itself a one- time 30-day extension in which to provide the accounting. The accounting will include:

Date of each disclosure

Name and address, if known, of the organization or person who received the protected health information

Brief description of the information disclosed

Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written for disclosure, where permitted by law.

request

The first accounting in any 12-month period is free. Thereafter, Mental Essence Counseling reserves the right to charge reasonable retrieval and copying fees.

You have the right to obtain a paper copy of this Notice at any time by contacting Mental Essence Counseling and its associates. Mental Essence Counseling and its associates will provide a copy of this Notice no later than the date you first receive services from them, except in emergency situations, and then Mental Essence Counseling and its associates will provide the Notice to you as soon as reasonably practicable after the emergency treatment situation.

You have the right to revoke your consent or authorization to use or disclose health information by the instructions on the consent or authorization form, except to the extent that we have already acted in reliance on the consent or authorization.

Complaint Process

If you believe that Mental Essence Counseling has violated your privacy rights, you have the right to file a complaint. You may complain by contacting The Texas Behavioral Health Executive Council.

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Texas Behavioral Health Executive Council George H.W. Bush State Office Bldg.
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701

Enforcement@bhec.texas.gov

1-800-821-3205

Further Information

If you have questions, you may contact Mental Essence Counseling at (469) 224-3241 during normal business hours.

A Client Copy of this Notice will be provided at Intake or is available upon request at any time.

