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**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES**

Effective April 1, 2003

Mental health therapy falls under the category of medical treatment. This notice describes how medical information about you may be used and disclosed and how you may gain access to this information. Please review the following information:

I. It is a treatment provider's legal duty to safeguard your Protected Health Information (PHI). By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice. Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website DrDanaTurnbull.com. This policy went into effect April 15, 2003.

II. How I will use and disclose your PHI:

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures:

A) Primary Uses and Disclosures of Protected Health Information (Consent Not Required) I may use and disclose your PHI without your consent for the following reasons:

1. For treatment/coordination of care. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.
2. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
3. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you, such as to an insurance company or business associates, such as billing companies, claims processing companies, and others that process health care claims to collect fees for services rendered to you.
4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (such as unconscious or severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
5. Business Associates: I may contract with individuals and entities to perform various functions on your behalf or to provide certain types of services. To perform these functions or to provide the services, such Business Associates will receive, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, I may disclose your PHI to a Business Associate to administer claims or to provide service support, utilization management, or subrogation. Examples of business associates would include your insurance company, consulting professionals, the law firm and CPA who complete required reports to the state, and the individual who completes billing and secretarial functions.
6. Other Covered Entities: I may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, I may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and I may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that I may disclose or share your PHI with other insurance carriers in order to coordinate benefits if you or your family members have coverage through another carrier.

III. Potential Impact of State Law:

The HIPAA Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a

privacy standard under which I will be required to operate. For example, where such laws have been enacted, I will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

IV. Other Possible Uses and Disclosures of Protected Health Information (Consent Not Required):

The following is a description of other possible ways in which I may, and am permitted to, use and/or disclose your PHI without your consent:

1. **Required by Law:** I may use or disclose your PHI to the extent that other laws require the use or disclosure such as state, federal, local law, judicial board, law enforcement, or government agencies. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Rule. For example, I may disclose your PHI when required by national security laws or public health disclosure laws, a search warrant, or pursuant to the Texas Health and Safety Codes. This includes disclosing information in the interest of National Security. This also includes subpoenas for court testimony and an arbitrator who compels disclosure.
2. **Public Health Activities:** I may use or disclose your PHI for public health activities that are permitted or required by law. For example, I may use or disclose information for the purpose of preventing or controlling disease, injury, or disability. I also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.
3. **Secretary of the US Department of Health and Human Services, Texas Board of Professional Examiners (or other licensing agency) and all Certifying Agencies:** I may disclose your PHI if the licensing or certifying boards of your therapist's credentials or the US Department of Health and Human Services is investigation or determining my compliance with the HIPAA Privacy Rule.
4. **Health Oversight Activities:** I may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.
5. **Abuse or Neglect:** I may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence as is mandated by the Texas Child Abuse and Reporting Law. Additionally, as required by law, I may disclose your PHI to a governmental entity authorized to receive such information if I believe that you have been a victim of abuse, neglect, or domestic violence.
6. **Legal Proceedings:** I may disclose your PHI: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once I have met all administrative requirements of the HIPAA Privacy Rule.
7. **Law Enforcement:** Under certain conditions, I also may disclose your PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person, or (3) it is necessary to provide evidence of a crime that occurred on our premises.
8. **Research:** For example, if data is compiled for a research project. However, the information would be used to compile data, information that identifies you such as your name and address or date of birth will be withheld.
9. **To Prevent a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, I may disclose your PHI if I believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
10. **Military Activity and National Security, Protective Services:** Under certain conditions, I may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, I may disclose, in certain circumstances, your information to the foreign military authority. I also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
11. **Workers' Compensation or Disability:** I may disclose your PHI to comply with Workers' Compensation laws, requests for mental health disability, and other similar programs that provide benefits for work-related injuries or mental health illnesses.
12. **Others Involved in Your Health Care:** Using my best judgment, I may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. I may release information to parents or guardians, if allowed by law. I also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to disclosures of your PHI to a family member or close friend, then, using my professional judgment, I may determine whether the disclosure is in your best interest.

V. Uses and Disclosures of Which You Have the Opportunity to Object:

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

2. Other Uses and Disclosures of Your Protected Health Information: Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide me with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that I already have used.

3. An appointed representative: I will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. Even if you designate a personal representative, the HIPAA Privacy Rule permits me to elect not to treat the person as your personal representative if I have a reasonable belief that: (a) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (b) treating such person as your personal representative could endanger you; or (c) I determine, in the exercise of my professional judgment, that it is not in your best interest to treat the person as your personal representative.

4. Disclosures to You: I am required to disclose to you most of your PHI in a "designated record set" when you request access to this information. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. I am also required to provide, upon your request, an accounting of most disclosures of your PHI that are for reasons other than treatment, payment, and health care operations and are not disclosed through a signed authorization.

VI. What Rights You Have Regarding Your PHI:

___ Right to Inspect and Copy - You have the right to inspect and copy your PHI that is contained in a "designated record set." Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. To inspect and copy your PHI that is contained in a designated record set, you must complete the form entitled "Request for Health Information." This form is available from your therapist. You will receive a response from me within 30 days of my receiving your written request. You will be charged a reasonable fee if you request a copy of your records. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact me at the number/address provided in this Notice. A licensed health care professional chosen by me will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, my denial will not be able to be reviewed. If this event occurs, I will inform you in my denial that the decision is not able to be reviewed.

___ The Right to Request Limits on Uses and Disclosures of Your PHI - You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

___ The Right to Choose How I Send Your PHI to You - It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method. You are required to complete the form "Request for Specific Mode of Communication" available from your therapist. I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

___ The Right to Get a List of the Disclosures I Have Made - You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

___ The Right to Amend Your PHI - If you believe that your PHI is incorrect or incomplete, you may request that I amend my information by completing the form entitled "Request for Amendment of Health Information." This form is from your therapist. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

___ The Right to Get This Notice by Email - You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

VII. Complaints: You may file a complaint if you believe that we have violated your privacy rights by contacting:

Dana Turnbull, Ph.D.
Privacy Officer
305 Miron Dr
Southlake, TX 76092
(817) 571-2899 (817) 329-3866

You may also send a written complaint to:

The US Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Complaints filed with the US Department must be made within 180 days of the time you became aware of the problem, be in writing, contain the name of the entity against which the complaint is lodged, and describe the relevant problems. You will not be penalized or retaliated against in any way for filing a complaint. [9/26/09]