

DANIEL GARCES
Masters of Science in Counseling Psychology
Licensed Marriage & Family Therapist
Licensed Professional Counselor

**NOTICE OF POLICIES AND PRACTICES
TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE ASK FOR CLARAFICATIONS.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Daniel Garces, MS, LPC, LMFT may use or disclosed your protected health information (PHI), for treatment, payment and health care operations purposed with your general consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or a colleague.
- “Payment” is when we obtain reimbursement for your healthcare. Examples of payment are when my billing service or I disclose your PHI to your health insurer or other third party, to obtain reimbursement for your health care or to determine eligibility or coverage.
- “Health Care Operations” are activities that relate to the performance and operations of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, supervision and care management and care coordination.
- “Use” applies only to activities within my practice such as utilizing information that identifies you.
- “Disclosure” applies to activities outside of my practice such as releasing, transferring or providing access to information about you to other parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An “authorization to release information” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation regarding an individual, group or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may use or disclose PHI without your consent of authorization in the following circumstances:

- Child Abuse: If I have cause to believe a child has been, or may be, abused, neglected or sexually abused, I must make a report within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas youth Commission or to any local or state law enforcement agency.
- Abuse of the Elderly and Disabled: If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect or exploitation, we must immediately report such to the Department of Protective and Regulatory Services or to any local or state law enforcement agency.
- Regulatory Oversight: If a complaint is filed against me with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization form you or your personal or legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: If I determine there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.

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- ❑ Worker's Compensation: If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

IV. CLIENT RIGHTS AND OUR PROFESSIONAL DUTIES

Client rights:

- ❑ Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- ❑ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are seeking my services. Upon your request, I will send bills or other correspondence to another address.
- ❑ Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in you mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- ❑ Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- ❑ Right to Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- ❑ Right to a Paper Copy: You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Professional Duties:

- ❑ I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- ❑ I reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, I am required to abide by the terms currently in effect.
- ❑ If I revise the policies and procedures, I will post a current copy in my office. You may also request a personal copy or download one from my website – www.danielgarces.com.

V. QUESTIONS AND COMPLAINTS

- ❑ If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy right, you contact me at 713-526-8390.
- ❑ If you believe your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at: 3316 Mt. Vernon / Houston, TX 77006.
- ❑ You may also send a written complaint to the Secretary of the US Department of Health and Human Services at the Office for Civil Rights / U.S. Department of Health & Human Services / 1301 Young Street - Suite 1169 / Dallas, TX 75202.
- ❑ You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. EFFECTIVE DATES, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This notice will go into effect on 4/14/2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide a revised notice in my office. You may request a personal copy at any time or download one from my website – www.danielgarces.com.