

James Allen and Associates Christian Counseling

Notice of Privacy Practices

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.

As a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA) requires us to provide you with a copy of this Notice of Privacy Practices. This Notice of Privacy Practices describes how we may use and disclose your **protected health information (PHI)** to provide treatment, coordinate payment or health care operations, and other functions, as are permitted or required by law. It also describes your rights and how to access and control your PHI. Your PHI means any written and verbal health information about you that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

How We May Use and Disclose Your PHI

J.A. and Assoc. Chr. Couns. may use your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your PHI may be used and disclosed only for these purposes unless J.A. and Assoc. Chr. Couns. has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or State law. Disclosures of your PHI for the purposes described in this Privacy Notice may be made in writing, verbally, or by facsimile.

Treatment. We will use and disclose your PHI to provide, coordinate, and manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. We may also disclose PHI to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

Payment. Your PHI will be used as needed, to obtain payment for the services that we provide. We may also disclose PHI to your health insurance company to determine whether you are eligible for benefits for a particular service. In order to get payment for the services we provide to you, we may also need to disclose your PHI to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

Health Care Operations. As part of treatment, payment and health care operations, we may also disclose your PHI for the following purposes: to remind you of your time of arrival and for follow up for billing and collection: We will try to our best ability to speak with you, but we may need to leave a message on your answering machine/voice mail or with your family member.

Other Uses and Disclosures. As part of treatment, payment and health care operations, we may use or disclose your PHI for the following purposes: to inform you of potential treatment alternatives or options, to inform you of health related benefits or services that may be of interest to you.

Uses and Disclosures Without Your Authorization

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

Required By Law. We will disclose your PHI when we are required to do so by any federal, state or local law.

To Report Suspected Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. We may disclose your PHI to health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings; or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your PHI in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

For Law Enforcement Purposes. We may disclose your PHI to law enforcement official for law enforcement purposes as follows:

- As required by law for reporting certain types of wounds or other physical injuries.
- In compliance with a court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the facility has a suspicion that your health condition was the result of criminal conduct.

In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct; use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations authorize the facility to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others medical suitability determinations, correctional institutions, and law enforcement custodial situations.

For Worker's Compensation. TCS may release your PHI to comply with worker's compensation laws or similar programs.

Permissible Objections to Uses and Disclosures

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your procedure or payment related to your procedure. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care.

You may object to these disclosures. If you do not object to these disclosures or we can determine from the circumstances that you do not object or we can determine through our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care; we may disclose your PHI as described.

Uses and Disclosures that you authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

Your Rights

You have the following rights regarding your health information:

The right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that J.A. and Assoc. Chr. Couns. uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or either costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

The right to request a restriction on uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree with your request, and we may so "no" if it would affect your care. You have the right to amend your PHI if you think it is incorrect. We may so "no" to your request, but we will tell you why in writing within 60 days.

The right to receive a list of disclosures we have made. You can ask for a list of times that we have shared your PHI. The list will not include disclosures or uses that you have already consented to, such as: treatment, payment, health care operations, disclosures received by you or family members, for nation security purposes, or law enforcement purposes. We will provide one list per year at no cost, but will charge a reasonable fee for each additional request in the same year. The list will include time we've shared your health information for six years prior to the date that you requested the information, who we shared your PHI with, and the reason for the

disclosure.

The right to request confidential communication. You can ask us to contact you a certain way or at a certain location. We will accommodate reasonable requests.

The right to a copy of this notice.

Our Duties

The facility is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices. This notice describes our duties and privacy practices with respect to your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are required to abide by terms of this notice as may be amended from time to time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all future protected health information that we maintain. We will provide a copy of this notice electronically or through in-person contact upon your next visit to J.A. and Assoc. Chr. Couns. .

Complaints

You have the right to express complaints to J.A. and Assoc. Chr. Couns. and to the Secretary of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201, if you believe that your privacy rights have been violated. You may complain to J. A. and Assoc. Chr. Couns. by contacting the facility's Privacy Officer verbally or in writing using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person

The facility's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility, you may submit a written request to discuss this matter to:

Privacy Officer

James Allen and Associates Christian Counseling
25301 Borough Park Drive, suite 100
The Woodlands, Texas 77380

Effective Date:

This Notice is effective May 1, 2008.