



## *True Connections*

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### **HIPAA Notice of Privacy Practices for Personal Health Information**

This Health Information Privacy Notice describes how we protect your Personal Health Information (PHI). Personal Health Information includes identifiable information which relates to your treatment and/or payment for health care services. This notice also describes your rights with respects to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”). We are required by law to:

- Maintain the privacy of your Personal Health Information;
- Provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- Follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information ONLY when there is an appropriate reason to do so. The main reasons for which we may use and disclose your Personal Health Information are:

- **For payment:** We may use and disclose Personal Health Information to pay for processing your payment.
- **For Health Care Operations:** We may also use and disclose Personal Health Information at your request for your insurance needs.
- **To Avert a Serious Threat to Health or Safety:** We may disclose Personal Health Information to avert a serious threat to someone’s health or safety.
- We may use Personal Health Information to provide information about services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons, or similar process. We may disclose Personal Health Information about you to federal official for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as a Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit, divorce or a dispute, we will release PHI at your request.
- **Other Use of Personal Health Information:** Other uses and disclosure of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized

representative may revoke that authorization, in writing at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosure we have already made with authorization.

- **Cost of Processing PHI Request:** Due to the cost of preparing and transmitting requested PHI, we will charge \$30 flat fee for up to 25 pages and an additional \$1.00 per page thereafter.

In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you.

- **Right to Amend Your Personal Health Information:** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. We may deny your request if your ask us to amend Personal Health Information that:
  - Is accurate and complete;
  - Was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
  - Is not part of the Personal Health Information kept by or for us, or
  - Is not part of the Personal Health Information which you would be permitted to inspect and copy.
- **Right to a list of Disclosures:** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will NOT include disclosures made for treatment, payment, health care operations, for purpose of national security, made to law enforcement or to corrections personnel, or made pursuant to your authorization or made directly to you. You must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before February 1, 2017. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Change to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well as may Personal Health Information we receive in the future.

Additional information:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

I have read and understand my Rights to Privacy & Disclosure as outlined in this notice.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

Supervised by: Mee-Gaik Lim, Ph.D, LPC-S, LMFT-S