



4534 Westgate Blvd, Ste. 112  
Austin, Texas 78745

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

RestoreFx may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

☐ "*PHI*" refers to information in any health care records that RestoreFx maintains regarding you that could identify you.

#### ☐ "*Treatment, Payment and Health Care Operations*"

*Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when staff at RestoreFx consult with another health care provider, such as (but not limited to) your family physician, case manager, physical therapist, pain doctor or psychologist.

*Payment* is when RestoreFx obtains reimbursement for your health care. Examples of payment are when we disclose your PHI to any third party pay or to obtain reimbursement for your health care or to determine eligibility or coverage.

*Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

☐ "*Use*" applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

☐ "*Disclosure*" applies to activities outside our practice such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

RestoreFx may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission permitting specific disclosures above and beyond those permitted by the general consent. In those instances when RestoreFx is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your treatment notes. "*Treatment notes*" are

notes that treating staff have made about your conversations during a private, group, joint, or family counseling session, which we may have kept separate from the rest of your medical record. This may include psychotherapy notes. Under Federal law, these notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (regarding PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) RestoreFx has 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

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

☐☐**Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, physically endangered or sexually abused, we must make a report of this belief within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or any local or state law enforcement agency.

☐☐**Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report this belief to the Department of Protective and Regulatory Services.

☐☐**Health Oversight:** If a complaint is filed against any provider at Restore Fx with their professional licensing board, those boards have the authority to subpoena confidential mental health information from RestoreFx 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. RestoreFx will not release such information unless we have either written authorization from you or your personal or legally appointed representative or else 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 we determine that 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, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

☐☐**Worker's Compensation:** Please be aware that since you have been referred here for a worker's compensation claim, we will disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

### IV. Your Rights and My Duties

Your Rights:

☐☐*Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are 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 that you are being treated at RestoreFx. Upon your request, we will send any mail to you at another address that you provide to us.)

☐☐*Right to Inspect and Copy.* You have the right to inspect or obtain a copy (or both inspect and obtain a copy) of PHI and treatment notes in your medical health and billing records used to make decisions about you for as long as the PHI is

maintained in the record. RestoreFx may deny your access to PHI or to treatment notes under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. RestoreFx may deny your request. On your request, we will discuss with you the details of the amendment process.

☐☐*Right to an Accounting.* You generally have the right to receive an accounting of disclosures of PHI for which you have provided neither consent nor authorization (as described in Section III of this Notice). On your request, we 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 from RestoreFx upon request, even if you have agreed to receive the notice electronically.

#### My Duties:

☐☐We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

☐☐We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

☐☐In the event that you are likely to be individually affected by a change in our policies and procedures, RestoreFx will inform you of this fact and, upon your request, will provide you with a copy of the new policies and procedures via the United States Postal Service. Also upon your request, RestoreFx will provide you with a copy of the new policies and procedures either through the Postal Service, via electronic mail, or in person regardless of whether you are likely to be affected by the changes in them or not.

### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact the Office Manager at RestoreFx.

If you believe that your privacy rights have been violated and wish to file a complaint with RestoreFx, you may send your written complaint to RestoreFx at the address provided on our letterhead.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. RestoreFx will not retaliate against you for exercising your right to file a complaint.

### **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice goes into effect January of 2008.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that RestoreFx maintains. We will publish the revised terms on our web site, [www.restorefx.com](http://www.restorefx.com). In the event that you are likely to be individually affected by a material change in our terms, we will provide you with a copy of the new terms via the United States Postal Service. Also upon your request, we will provide you with a copy of the new terms either through the Postal Service, via electronic mail, or in person regardless of whether you are likely to be affected by the changes in them or not. It is your responsibility to provide a specific address and/or method of contact by which we can honor your request to send information.

## CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, RestoreFx has developed a **NOTICE OF PRIVACY PRACTICES** which we are making available to you in compliance with the law. We are also giving you a document describing the nature of our services and other information we hope you find helpful.

RestoreFx may revise these documents at any time without notice. A revised **NOTICE OF PRIVACY PRACTICES** may be obtained by submitting a written request to the address listed below. Additionally, a current **NOTICE OF PRIVACY PRACTICES** will be displayed in the office.

Please sign below to acknowledge that you have received a copy of the **NOTICE OF PRIVACY PRACTICES** and patient information documents.

We also ask you to give us consent to use and disclose Protected Health Information (PHI) about you to carry out treatment and receipt of payment. A description of these uses and disclosures is contained in the **NOTICE OF PRIVACY PRACTICES**. If an individual refuses to give this written consent, we reserve the right to refuse to accept that individual as a patient.

I acknowledge that I have received a copy of **NOTICE OF PRIVACY PRACTICES** and client information from RestoreFx.

I also give RestoreFx consent to use and disclose Protected Health Information (PHI) about me to carry out treatment and receipt of payment.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date