

**LIFESPAN COUNSELING**  
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*Effective: September 23, 2013*

**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.

The privacy of your medical information is very important to us. This notice will tell you what kinds of information about you, referred to as your **Protected Health Information (PHI)**, are kept by LifeSpan Counseling (LSC), how the information is used by us, and how information may be shared or disclosed to other professionals or organizations. This notice also will describe your rights to consent to such disclosures, how you might authorize such disclosures, and our duties regarding these. If you have any questions or want to know more about anything in this Notice, please ask our designated Privacy Officer for more explanation or more details.

Generally, we are required by law to:

- make sure that the PHI that identifies you is kept private;
- give you notice of our legal duties and privacy practices concerning your PHI; and
- follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU**

We use and disclose PHI in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories required by law.

**A. Uses and Disclosures That Do Not Require Your Prior Written Consent.** We can use and disclose your PHI without your consent for the following reasons:

**For Treatment** We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to physicians, psychiatrists, psychologists and other licensed health care providers who are involved your care. We may share your PHI for treatment in order to coordinate the different things you need, such as medication and therapy. It is our practice to notify you of such contacts and to gain your consent in advance.

**For Appointment Reminders** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment.

**For Your Own Information** We may use and disclose PHI to tell you about your own health condition or to recommend possible treatment options or alternatives.

**For Payment** We may need to give your health plan information about services that you received at our facilities so your health plan will reimburse you for those services.

**For Services of Business Associates** We may provide your PHI to certain Business Associates, such as a company providing electronic storage of your PHI and/or certain billing information. All business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**For Health Care Operations** We may use and disclose PHI about you for the Center’s business operations. These uses and disclosures are necessary to run this Practice and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our counselors in caring for you. Your healthcare information may be disclosed to a healthcare provider who supervises your counselor, for the purposes of training and development.

**For Research** In the very rare event that counselors in this Practice are involved in a research project, we may disclose PHI about you for research purposes. We will always ask for your specific permission if such a project is being conducted and if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

**As Required By Law, Judicial or Administrative Proceedings, or Law Enforcement** We will disclose PHI about you when required to do so by Federal, State or Local law, such as laws that require us to report abuse, or when ordered in a judicial or administrative proceeding, or to comply with workers’ compensation laws.

**To Provide Breach Notification** We may use and disclose your PHI, if necessary, to tell you and regulatory authorities or agencies of unlawful or unauthorized access to your PHI. For example, if your PHI is lost or stolen or breached through a cyber-attack, you will be notified, and we may contact appropriate authorities or agencies.

**For Public Health Risks** We may disclose PHI about you when required for public health activity. For example, to prevent or control disease, injury or disability, to report births or deaths, to report child abuse or neglect, we may disclose your PHI without your consent.

**For Health Oversight Activities** We may disclose PHI to a government agency charged with monitoring the healthcare system.

**Abuse or Neglect** We may disclose PHI about you to a public health authority that is authorized by law to receive such reports of child or elder or dependent adult abuse or neglect provided the disclosure is authorized by law.

**For Specific Government Functions** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

## **B. Certain Uses and Disclosures Require You to Have the Opportunity to Object**

**Individuals Involved in Your Care or Payment for Your Care** We may disclose PHI about you to a family member or other person you designate if you give us permission to do so. We may also tell certain family members about your being seen in this Practice, but only if law permits us to do so. We may share PHI about you when necessary for a claim for aid, insurance, or medical assistance to be made on your behalf if you or your guardian have given permission to do so. The opportunity to consent may be obtained retroactively in emergency situations.

**Alcohol and Drug Abuse Information** has special privacy protections and we will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client’s substance abuse treatment unless: (1) the client consents in writing, (2) a court order requires disclosure, (3) medical personnel need the information to meet a medical emergency, (4) qualified operations, (5) it is necessary to report a crime or threat to commit a crime or to report abuse or neglect as required by law.

**HIV** We will not disclose information about you related to Human Immunodeficiency Virus (HIV) without your specific written permission, unless we are required by law to do so.

## **YOUR RIGHTS CONCERNING PHI ABOUT YOU**

You have the following rights with respect to your PHI:

**Right to Inspect and Copy** You have the right to inspect and copy your PHI that is used to make decisions about your care. Usually, this includes medical and billing records, but not psychotherapy notes. *At LSC we keep “treatment notes” as a regular part of you PHI. We also may keep what are called “psychotherapy notes” and are a separate sort of record*

and are generally not accessible to clients or other entities. At LSC, such psychotherapy notes will be kept in a separate, colored folder. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Dr. Maurer. If you request a copy of the information we will charge a fee for the costs of copying or sending you an electronic copy and associated expenses. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to PHI, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Dr. Maurer will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

When you have paid out-of-pocket and in full for a specific service you have the right to ask that your PHI with respect to that service not be disclosed to a health insurance plan for purposes of healthcare operations.

**Right to Amend** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have a right to request an amendment for as long as all of the information, both new and old, is kept by or for LSC. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by LSC;
- is not part of the information which you would be permitted to inspect and copy; or,
- is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of PHI about you, excluding disclosures for the purpose of treatment, payment or healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to LSC. Your request must state a time period, which may not be more than 5 years prior to your request. Your request must indicate in what form you want the list, paper or electronic. The first list you request within a 12-month period will be free. We may charge a fee for additional lists within that same period, but will notify you of the cost involved, and you may withdraw your request before costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member. We will do our best to honor your request; however, except when you fully pay out-of-pocket as explained above, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communication** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to LSC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to honor your request.

**Right to a Paper Copy of this Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy at any time. To obtain a paper copy, please ask your counselor or the Dr. Maurer.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in

writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### CHANGES TO THIS NOTICE

We reserve the right to change terms of this Notice. The Notice will contain on the first page in the upper right hand corner the effective date. If we change the Notice, you may obtain a copy at our offices or on the LSC website.

#### COMPLAINTS

If you believed your privacy rights have been violated, you may file a complaint with us or the US Dept. of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003. The latest version was effective on the date noted at the beginning of this document.

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Carolyn G. Maurer, PhD  
Privacy Officer