Holistic Counseling & Wellness

Dr. Kimberly Nelson
6611 River Place Blvd. Suite 203
Austin, Texas 78730
512-745-7598

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Your health record contains personal information about you and your health. This information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). Each time you meet with your counselor, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated at Holistic Counseling and Wellness.

Holistic Counseling and Wellness is required by law to maintain the privacy of your health information and to provide you with a description of any legal duties and privacy practices regarding your health information. I am required to abide by the terms of this notice and will notify you if I make changes to this notice, which may be at any time. I will provide you with a copy of the revised notice sent by regular mail to the last address you have provided to this office for this communication purpose.

How I May Use and Disclose Health Information About You

Treatment: I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose medical information about you to doctors, other therapists, or others who are involved in your treatment only with your written authorization.

Payment: I may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review.

Health Care Operations: I may use and disclose your PHI for certain purposes in connection with the operations of Holistic Counseling and Wellness.

Legal Requirement: Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Other Uses and Disclosures That Do Not Require Your Authorization

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are required by court, required by law and necessary to lessen or prevent an imminent threat to safety or health of a person or the public. Examples include:

Medical Emergencies

Deceased Patients

Health Oversight

Abuse and Neglect

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing at any time and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

Your Rights Regrading your Personal Health Information

You have the following rights with respect to your PHI

- The right to inspect your health records and to request a copy of these records.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from me upon request.
- The right to restrict disclosures of protected health information to health plans and insurance companies if you are paying out of pocket for your services in full.
- The right to be notified if you are affected by a breach of unsecured protected health information.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with this office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of this office. **I will not retaliate against you for filing a complaint**.

Department of Health & Human Services,

Office of Civil Rights

200 Independence Avenue S.W.

Washington, D.C. 20201

1-877-696-6775

(202) 619-0257

If you have any questions about this notice, please contact:

Privacy Officer Contact Information

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