



Family Restoration

COUNSELING SERVICES

HIPAA 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 this document carefully and sign certifying you have read this notice.

This Notice of Privacy Practices describes how Family Restoration Counseling Service (FRCS) may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, as well as for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" or "PHI" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health/condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Additional copies of this Notice can be accessed by visiting our website www.familyrestorationcounseling.com.

Uses & Disclosures of Protected Health Information

Uses & Disclosures of PHI for Which Your Authorization is NOT Required:

Your PHI may be used and disclosed without your prior authorization by your therapist, our office staff, and those outside our office who are involved in your care and treatment for the purpose of providing services to you, to pay your bills, to support the operation of FRCS, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your care and any related services. This includes the coordination or management of your care with a third party. For example, we might consult with another health care provider, such as your child's pediatrician or another therapist.

Payment: Your PHI will be used, as needed, to obtain payment for your services. For example, we may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

Health Care Operations: We may use or disclose your PHI to allow healthcare operations

(e.g. quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination).

Child Abuse: If your therapist knows of or has any reasonable cause to suspect that a child is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the law requires she/he report such knowledge or suspicion to the Texas Department of Family and Protective Services (DFPS), or other appropriate governmental agency. If your therapist knows of or has any reasonable cause to suspect that a child has been abused by a non-caretaker, the law also requires she/he report to the DFPS, which may be required to submit the report to other governmental agencies.

Adult & Domestic Abuse: If your therapist knows of or has reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, she/he is required by law to report such knowledge or suspicion to Texas Department of Family and Protective Services (DFPS), or other appropriate governmental agency.

Health Oversight: If a complaint is filed against your therapist with the Texas Department of State Health Services (DSHS) on behalf of the therapist's respective licensing board, the DSHS has the authority to subpoena PHI relevant to that complaint.

Judicial or Administrative Proceedings: PHI is privileged by state law. If you are involved in a court proceeding and a request is made for your records, we will not release information without the written authorization of you, your legal representative, a court order, or a subpoena that you have been properly notified but failed to inform us that you are opposing. The privilege does not apply if you are being evaluated for a third-party, or if the evaluation is court-ordered, or in certain other limited instances; you will be informed in advance if this is the case.

Serious Threat to Health or Safety: If a client presents a clear and immediate probability of physical harm to him/herself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member(s), or appropriate authorities.

Worker's Compensation: If you file a worker's compensation claim, we may disclose information from your record as authorized by workers' compensation laws.

Uses and Disclosures of PHI for Which Your Authorization IS Required:

Except as previously described in this Notice, we may not make use or disclosure of PHI from your record for purposes outside of treatment, payment, and health care operations unless you give your written authorization. In particular, we will need to secure an authorization before

releasing psychotherapy notes which your therapist has kept separate from the rest of your treatment records. These are notes your therapist has made about your conversations during treatment and evaluation sessions.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by your therapist before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

Client's Rights & Therapist's Duties

Client's Rights

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means & at Alternative Locations: You have the right to request to have confidential communications of PHI delivered by alternative means and/or at alternative locations. For example, you may not want a family member to know that you are seeing a therapist. Upon your request, we may be able to arrange to send your bills to another address.

Right to Inspect & Copy: You have the right to inspect or obtain a copy (or both) of your PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record, given your written request. This may be subject to certain limitations and fees. Upon request, we will discuss the details of the request process. Please understand that older records may be destroyed, and therefore no longer available in accordance with applicable law or standards.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in our records. Your request must be in writing, and we reserve the right to deny your request.

Right to a Paper Copy: You have the right to obtain a paper copy of this Notice from your therapist, even if you have received the Notice electronically.

Therapist's Duties

FRCS is required by law to maintain the privacy of your PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.

FRCS reserves the right to change the privacy policies and practice described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If FRCS makes significant revisions to these policies and procedures, which might affect the privacy of your PHI, we will provide you with a copy of those revisions. If you are still in treatment with FRCS, you will be provided a copy of the revisions in the manner permitted by law, generally by hand delivery at your next appointment. As needed, former clients may be mailed a copy of significant revisions to the most recent mailing address on file with FRCS. Updated notices of our privacy policies will always be available for review upon request.

Questions & Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have any other concerns about your privacy rights, you may contact our office in writing or by phone at any of our locations:

Dallas Office
8340 Meadow Rd. Ste 134
Dallas, TX 75231
(214) 265-1777

Mesquite Office
1020 Northwest Dr
Mesquite, TX 75150
(214) 265-1777

Forney Office
104 N McGraw St
Forney, TX 75126
(469) 602-5022

If you believe your privacy rights have been violated and wish to file a complaint with FRCS, you may send your written complaint to any of our office locations. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (DHHS), or the appropriate administrative office. We can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. FRCS will not retaliate against you for exercising your right to file a complaint, in accordance with the provisions of applicable law.

Restrictions, Effective Date, & Client Acknowledgment

Restriction: In the case of a minor child, the child's legal guardian has the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about the child for as long as the PHI is maintained in the record. However, psychotherapy notes including statements made by a child during therapy sessions will not be released in order to protect the child's rights to confidentiality, unless required by law or deemed by the child's therapist to be in the best interests of the child.

Restriction: In most cases, FRCS is prohibited by law from disclosing raw psychological test data and test materials to anyone other than a licensed psychologist qualified to interpret such data.

This notice will go into effect August 31, 2020.

Your signature serves as acknowledgement that you have read and received this Notice of Privacy Practices.

Client Printed Name

Client Signature

Date