

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.

By law, and in accordance with the ethics of the counseling profession, Dr. Jacqueline A. Spiller, PhD, LPC, LCDC, NCC, has the duty to protect the privacy of your personal health information (PHI). This notice describes how medical information about you may be used and disclosed, how you can get access to this information, your rights concerning your health information and our responsibilities to protect your PHI.

“Personal Health Information” includes any information about you, and records of services you received through this practice or practitioner, including and not limited to:

- Dates, times and lengths of your therapy session
- Information you disclosed during sessions, over the phone, in email and at other times
- Your therapist’s observations of you
- Your therapist’s assessment of your mental health concerns
- Results of psychological tests and diagnostic interviews
- Treatment plans
- Medication records
- Billing and insurance information
- Records obtained from other healthcare providers who have treated you

How we may use and disclose your PHI

State and federal laws allow Dr. Jacqueline A. Spiller, PhD, LPC, NCC to use and disclose your PHI to provide services. Providing treatment services, collecting payment and conducting health care operations are necessary activities for quality care.

Treatment

Your PHI can be used and disclosed to manage and coordinate your care. This could include consultation to improve your care, coordination with another provider who is treating you, and for referral purposes.

Payment

Your PHI can be used and disclosed to bill for services and receive payment from health plans and other entities. Your health insurance plan may use this information to make determination of coverage for benefits, review services to determine medical necessity, and for utilization review activities. If your account is referred to a collection agency, the collection agency may ask for parts of your PHI relevant to their task.

Healthcare Operations

Your PHI can be used and disclosed to run this practice, improve your care, contact you when necessary, and resolve any complaints you may have. Your information may also be used to review treatment procedures, review business activities, certification, training, compliance and licensing activities.

Other uses and disclosures of your PHI

Dr. Jacqueline A. Spiller, PhD, LPC, LCDC, NCC is allowed or required to disclose your PHI in other ways - usually in ways that contribute to the public good, such as public health and research. This practice or practitioner has to meet conditions in the law before your information can be disclosed for these purposes, and disclosures will be made in a manner consistent with applicable laws. For more information see:

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf

Help with public health and safety issues

We can disclose PHI about you for certain situations such as:

- Preventing disease and the spread of communicable illnesses
- Mandated reporting of suspected abuse or neglect
- Preventing or reducing a serious threat to anyone's health or safety including emergency situations

Conduct Research

We can use or disclose your information for health research. (Dr. Jacqueline A. Spiller, PhD, LPC, LCDC, NCC is not currently conducting research and will notify clients if this changes.)

Comply with the law

We will disclose information about you if state or federal laws require it, including with the Department of Health and Human Services, in the event that HHS wants to verify our compliance with federal privacy law, or to state licensing board for investigations of complaints.

Address workers' compensation, law enforcement, and other government requests

We can use or disclose PHI about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

Dr. Jacqueline A. Spiller, PhD, LPC, NCC can disclose PHI about you in response to a court or administrative order, or in response to a subpoena.

Law Enforcement

Dr. Jacqueline A. Spiller, PhD, LPC, NCC can disclose limited PHI to assist law enforcement purposes such as locating a missing person, or in the event that a crime occurs on the physical premises or observed/experienced virtually during a session.

Your Choices

For certain health information, you can inform us of your choices about what we disclose. If you have a clear preference for how this practice or practitioner discloses your information in the situations described below, please inform Dr. Jacqueline A. Spiller, PhD, LPC, NCC of your request in writing. Reasonable efforts will be made to follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Disclose information with your family, close friends, or others involved in your care
- Disclose information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your information if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never disclose your information unless you give us written permission:

- Marketing and testimonial purposes (Dr. Jacqueline A. Spiller, PhD, LPC, NCC never uses your PHI for marketing or testimonial purposes)
- Most sharing of psychotherapy notes (these are notes separate from your formal session charts)

Acknowledgement of Receipt of Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you provide your signature and acknowledge that you have read, understand, and agree to the items contained in this document, and that you have been provided the opportunity to request and receive an electronic and/or paper copy of the above HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

This notice goes into effect on the date of your acknowledgement.

Client Rights

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to request an electronic or paper copy of your medical record

You can ask to see or get an electronic (when available) or paper copy of your medical record and other health information we have about you. This request must be made in writing.

We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee (see Financial Agreement).

You have the right to request that we make a correction to your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing.

We may decline your request, but we will explain the rationale for the decision in writing within 15 days. If your request is denied, you have the right to file a disagreement in writing which will be kept in your record.

You have the right to request confidential communications

You can ask us to contact you for appointment reminders, issues regarding payment, and treatment issues in a specific way (i.e. - home, office or other phone) or to send mail to a different address.

We will say “yes” to all reasonable requests when able to do so.

You have the right to ask us to limit what we use and disclose

You can ask us not to use or disclose certain health information for treatment, payment or our operations. We are not required to agree with your request, and we may say “no” if it would impact your care. This request must be made in writing and specify what restrictions are requested.

If you pay for service(s) out-of-pocket in full, you can ask us not to disclose that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to disclose that information.

You have the right to get a list of disclosures of your PHI

You may request a list (accounting) of the date and reason(s) for any disclosures of your PHI for six years prior to the date of your request.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you requested that we provide). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you request more than one in a 12-month period.

You have the right to receive a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy by mail.

You have the right to choose someone to act on your behalf

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

You have the right to file a complaint if you feel your rights are violated

You can file a complaint if you feel your rights have been violated, by

- sending a letter to:
U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
- Calling 1-877-696-6775
- Web: www.hhs.gov/ocr/privacy/hippa/complaints/

We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI. We will let you know promptly in the event a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it (upon request). We will not use or disclose your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing that you want to revoke your request to disclose.

For more information, please see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Changes to the Terms of this Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

Contact Information:

Dr. Jacqueline Spiller, PhD, LPC, NCC
6800 Westgate Blvd, #132-145
Austin, TX 78745
P: 214-924-1855
jacqui@jacquispiller.com

Billing: sarah@mypracticemgr.com
Admin: info@clutchcounseling.com

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