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**Notice of Privacy Practices**

This notice describes how protected health information about you, the client, may be used and/or disclosed, and how you may gain access to this information if necessary. There are federal laws, state laws, and professional ethical requirements that govern your privacy and limitations to confidentiality as the client. I, the therapist, am required to inform you of my privacy practices as it pertains to the Health Information Portability and Accountability Act of 1996 (HIPAA). Due to HIPAA and the state law’s complex nature, I have

simplified and outlined the most relevant information in this notice. This notice explains how I handle information about you: in specific, it details how your information might be used in office, with third parties (e.g. with other professionals, insurance companies etc.), and how you can access your medical information. If you have any additional questions please contact me for clarification.

**WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)**

**PHI is any information that can be used to identify you individually. This may include:**

‣ Personal History (e.g. familial, school, work, marital status, and personal history)

‣ Reasons for Seeking Service (e.g. presenting issues, symptoms, goals)

‣ Diagnostic Information (e.g. medical codes and terminology regarding your symptoms and challenges)

‣ Treatment Plan (i.e. you and your therapists’ collaborative decision on how to best support your needs)

‣ Session Notes/ Documentation (i.e. professional observation recorded during sessions)

‣ Records/ Evaluations from other Healthcare Professionals

‣ Legal Documents

‣ Billing Information

**This information may be used for many purposes, such as:**

‣ Planning for your care and treatment

‣ Progress evaluation

‣ Collaboration with other healthcare professionals working with you

‣ Financial records

‣ Insurance submission

‣ For legal proceedings if subpoenaed by a court of law

It is my professional and ethical responsibility to ensure that your PHI is kept confidential by all means necessary. Knowing what may be in your records and what your PHI may be used for allows you to make educated decisions regarding who, when and why third parties may have access to this information.

**HOW YOUR PHI CAN BE USED AND SHARED**

When I am viewing your PHI, it is considered “in use”. PHI that is shared with any third party is called a “disclosure”. I will only disclose your PHI to a third party with your written authorization, unless the law requires that I do so outside of your consent (e.g., subpoenas, if you are at of risk harming yourself or others, if there is knowledge of abuse or neglect towards a child, older adult, or depended adult).

**Uses and Disclosures That Require Your Consent**

Typically, if I need to share your PHI, it will be for the purpose of providing or coordinating treatment for you, to arrange for payment of services, or for other healthcare-related procedures. In all situations, I must receive written authorization by you in order to disclose PHI. Below are examples of use and disclosure:

1. Treatment: Your therapist uses your information to provide you with counseling and psychological services,

whether for individual, couple, family, or group therapy. In addition, there may be times when it is beneficial for your therapist to consult with others who are also involved in your care (e.g., doctors, teachers, other therapists).

2. Payment: Your therapist may use your information to receive payment for services rendered. This includes credit card information, invoices, or other financial documentation regarding your therapy service. Invoices may include dates and times of appointments, diagnostic information, and similar information insurance companies require to process claims.

3. Healthcare Operations: Your therapist might use your PHI for other purposes, such as researching best practices, or disclosing information to government health agencies. This happens infrequently and your name and all personally identifying information must be first removed.

Uses and Disclosure of PHI Not Requiring Client Consent

In certain situations, the law requires that I disclose some or all of your PHI without your consent or authorization, including but not limited to:

1. Reporting suspected child abuse, elder abuse, or dependent adult abuse

2. If you may be a serious safety threat to yourself or others

3. Upon receiving a court order or other lawful processes that require me to release your PHI

4. If you need emergency treatment and are unable to communicate with me directly

5. Disclosing PHI to consultants (such as attorneys and other professionals) whose legal obligation is to ensure

that I am in compliance with privacy laws

6. If disclosure is otherwise specified by law

**Changing Your Consent**

If you have previously signed an authorization for me to share your PHI and you desire to change or revoke that

authorization in writing, I will cease any future uses and/ or disclosure of your PHI to the extent permitted by law.

**Other Situations**

In any situation that has not been outlined in this form, unless otherwise required by law, I will request your written

authorization before using or disclosing any of your PHI. If at any time that your unsecured PHI is breached, you will be contacted immediately and appropriate measures will be taken.

**YOUR RIGHTS REGARDING YOUR PHI**

**The right to see and receive physical & electronic copies of your PHI**

This therapist is the guardian of your PHI and have the right to read, inspect, and review it at any time. You, the

client, have the right to view your records at any time. A copy can be made available for you following a written

request and a 15-day period to gather these records. I request that all clients set up a Record Review Session to

address any questions or concerns that may arise regarding your clinical records.

**The right to amend your PHI**

If you believe there is an error in your PHI or that important information has been omitted, it is your right to request

an amendment. You must make this request in writing and include a valid reason for said request. If your request is approved, I will make the necessary changes to your PHI and inform you and/or advise other parties who might need to know about amendments. If your request is denied, you will be informed in writing with reasoning and explanation for the denial.

**The right to obtain a list of the disclosures I have made**

You are entitled to a list of PHI disclosures made by submitting a request in writing. This list will include the date of disclosure, to whom and how your PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. This list will not include uses or disclosures to which you have authorized or are required by law.

The right to request limits on use and disclosure of PHI

You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, though am not legally bound to agree. If I agree with your request, these boundaries and limits will be put into writing and abided by, to the extent that the law allows.

**The right to choose how your PHI is sent to you**

You may ask me to send your PHI to an alternate address or by a specific delivery method. You may also authorize in writing that your PHI be delivered to you in an electronic method. I am obligated to agree to your request providing that it does not cause undue inconvenience. If you have any questions or concerns about these privacy practices described above, please contact me immediately. Additionally, if you have any problems with how your PHI has been handled or if you believe your privacy rights have been violated, please contact directly me at 512-775-5940 or chris@itoiaustin.com. You have the right to file a complaint in writing to me. You also have the right to file a complaint with the Secretary of the Federal Department of Health and Human Services at 866-627-7748. I will not limit your care or take any actions against you due to a complaint.

CLIENT ACKNOWLEDGEMENT

By signing at the end of the Client Information Form, I the client acknowledge receipt of this Notice of Privacy Practices.

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