



1823 Fortview Road, Suite 211, Austin, TX 78704 512.402.2650
www.talkwithnityda.com nityda@talkwithnityda.com

Notice of Privacy Practices:

This notice describes how psychological and medical information may be used and disclosed and how you can get access to this information. Please review carefully.

Your privacy is of the utmost importance to me and the information I have about you will be held to the highest levels of confidentiality. Health information includes any information related to your physical or mental health condition, the health care provided to you, the payment of your healthcare and any individually identifiable information such as your name, address, or telephone number. When you receive services from me, I will obtain and/or create protected health information (PHI) about you. This notice tells you about my duty to protect your PHI and how I may disclose your health information.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Policy Notice. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect. If I revise my policies, I will provide you a revised copy at your next visit or by mail.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS REQUIRING YOUR ADVANCED CONSENT

I may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent.

Treatment: I can use or disclose PHI to provide, coordinate, or manage healthcare or related services. This includes providing care to you, consulting another healthcare provider about you, and referring you to another health care provider.

Payments: I can use or provide PHI to obtain payment for providing health care services to you, or to provide benefits to you under a health plan.

Health Care Operations: I can use or disclose, as needed, in order to support my business activities, including but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities, providing medical review, legal services, or auditing functions. For training or teaching purposes, PHI will be disclosed only with your authorization. I may use your PHI when leaving messages to followup or confirm appointments, unless you have directed me not to do so.

USES AND DISCLOSURES REQUIRING NEITHER YOUR CONSENT NOR AUTHORIZATION

I may use or disclose your PHI without your consent in the following circumstances:

Child Abuse: If I have cause to believe that a child has been or may be physically abused, neglected, or sexually abused, I must make a report such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local law or state law enforcement agency.

Adult and Domestic Abuse: If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect or exploitation, I must immediately report such to the Texas Department of Protective and Regulatory Services.

Abuse by a Therapist: If I have cause to believe that you have been the victim of sexual exploitation by a mental health professional during the course of treatment, I will report it to the appropriate State Examining Board.

Health Oversight: If a complaint is filed against a therapist with the appropriate overseeing State Board they have the authority to subpoena confidential mental health information from the therapist relevant to that complaint. This includes if you or someone on your behalf files a suit against me for breach of duty.

Judicial or Administrative Proceedings: If you are involved in court proceedings and a request is made for information about your diagnosis and treatment and the records

thereof, such information is privileged under state law. Therefore, I will not release information without written authorization from you or a court order (a court order does not include a subpoena from an attorney; a subpoena from a judge is required).

Serious Threat to Health or Safety: If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant PHI to medical or law enforcement personnel.

Worker's Compensation: If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

USES AND DISCLOSURES REQUIRING YOUR SPECIFIC WRITTEN AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes that are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS

You have the following rights regarding health information I maintain about you.

Right to Inspect and Copy: You have the right to inspect and/or copy your health information, such as therapy notes and billing records. You must submit a written request to me in order to inspect and/or copy any of your information. If you request a copy of your information, I may charge you appropriate fees for copying, mailing, and/or other supplies associated with your request. I may deny your request to inspect and/or copy in certain limited circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request, but will keep a record that you

made such a request. On your request, I will discuss with you the details of the amendment process.

Right to Receive Confidential Communications by Alternative Means and at an Alternative Location: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send information to another address.

Right to Accounting: You generally have the right to receive an accounting of disclosures for PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the accounting process.

Right to Paper Copy: You have the right to obtain a paper copy of this notice from me upon request, even if agreed to receive the notice electronically.

Complaints: If you are concerned that your rights have been violated or you disagree with a decision made about access to your records, please talk to me about these concerns.

You may also file a complaint with the federal government. You may write to:

Office for Civil Rights
US Department for Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 191069111
Email: ocrcomplaints@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Acknowledgement of Privacy Practices Notice

I hereby acknowledge that I have received and reviewed the Notice of Privacy Practices for the Psychotherapy Practice of Nityda Gessel, LCSW, E-RYT.

Client Signature

Date

Print Client's Name