



Heather Barcroft, M.A., LPC

Individual and Group Therapy

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**I. 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.**

**II. It is our legal duty to safeguard your protected health information (PHI).**

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by Webster Wellness Professionals that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this notice about our privacy procedures. This notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this notice.

Please note that we reserve the right to change the terms of this notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this notice and post a new copy of it in the offices and on our website. You may also request a copy of this notice from us, or you can view a copy of it in our offices or on our website, which is located at [www.mccallumplace.com](http://www.mccallumplace.com).

**III. How we will use and disclose your PHI.**

We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent**

We may use and disclose your PHI without your consent for the following reasons:

**1. For treatment:** We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with our colleagues, trainees and interns. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a physician is treating you, we may disclose your PHI in order to coordinate your care.

**2. To obtain payment for treatment:** We may use and disclose your PHI to bill and collect payment for the treatment and services we provided you. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for our office.

**3. Other disclosures:** Examples: Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent**

We may use and/or disclose your PHI without your consent or authorization for the following reasons:

12001 W Parmer Lane #200, Cedar Park TX 78613

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- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement** Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.
- 2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 4. To avoid harm.** We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).
- 5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.**
- 6. If disclosure is mandated by the Missouri Child Abuse and Neglect Reporting law.** For example, if we have a reasonable suspicion of child abuse or neglect.
- 7. If disclosure is mandated by the Missouri Elder/Dependent Adult Abuse Reporting law.** For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse.
- 8. If disclosure is compelled or permitted by the fact that you tell us of a serious/ imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 9. For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
- 10. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical and psychological research.
- 11. For Workers' Compensation purposes.** We may provide PHI in order to comply with Workers' Compensation laws.
- 12. Appointment reminders and health-related benefits or services.** Examples: We may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options or other health care services or benefits we offer.
- 13. If disclosure is otherwise specifically required by law.**

#### **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object**

We may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

#### **D. Other Uses and Disclosures Require Your Prior Written Authorization**

In any other situation not described in Sections IIIA, IIIB, and IIIC above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we haven't taken any action subsequent to the original authorization) of your PHI by us.

### **IV. The rights you have regarding your PHI**

#### **A. The Right to See and Get Copies of Your PHI.**

In general, you have the right to see your PHI that is in our possession, or to get copies of it; however, you must request it in writing. If we do not have your PHI, but we know who does, we will advise you how you can get it. You will receive a response from us within 30 days of our receiving your written request. Under certain circumstances, we may feel we must deny your request, but if we do, we will give you, in writing, the reasons for the denial. We will also explain your right to have our denial reviewed.

#### **B. The Right to Request Limits on Uses and Disclosures of Your PHI**

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You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

**C. The Right to Get a List of the Disclosures We Have Made**

You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, that is, those for treatment, payment, or health care operations, sent directly to you, or to your family.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous 6 years (the first 6-year period beginning 2007) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than 1 request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

**D. The Right to Amend Your PHI**

If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.

**E. The Right to Get This Notice by E-mail**

You have the right to get this notice by e-mail. You also have the right to request a paper copy of it.

**V. How to complain about my privacy practices**

If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201.

**I acknowledge that I have read and understand this document.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_