



## Notice of Privacy Practices

The Council is dedicated to maintaining the privacy of your identifiable health information. We are required by law to maintain confidentiality of health information that identifies you. Federal regulations (42 CFR Part 2) prohibit disclosure without the specific written consent of the person to whom it pertains or otherwise permitted by such regulation. A general authorization for release of medical or other information is not sufficient for this purpose. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your Protected Health Information (PHI). By federal law, we must follow the terms of this notice of privacy practices that we have in effect at the present time. This notice is effective 4/14/03 and applies to all PHI as defined by Federal Law. We realize that these laws are complicated, but we must provide you with the following important information:

- How we use and disclose your PHI
- Your rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

### I. Uses and Disclosures for Treatment, Payment, and Operations

Following are examples of the types of uses and disclosures of your Protected Healthcare Information (PHI) that The Council is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures. The Council may use or disclose your PHI for treatment, payment, and health care operations purposes.

**Treatment.** We may use and disclose your PHI to provide, coordinate, and manage the services you receive.

**Payment.** We may use and disclose your PHI in order to bill and collect payment for the services you may receive.

**Health Care Operations.** We may use your PHI for certain operational, administrative, accounting, continuum of care, and quality assurance activities.

**Business Associates.** We may share your PHI with a third party 'business associate' that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

### II. Uses and Disclosures with Neither Consent nor Authorization

*We may use or disclose your protected health information in the following situations without your authorization:*

**Disclosures Required By Law.** We will use and disclose your PHI when we are required to do so by federal, state or local law.

**Victims of Abuse or Neglect.** We may disclose PHI about you to a government authority to report child abuse or neglect. If we believe you have been a victim of abuse, neglect, or domestic violence, we will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**Serious Threat to Health or Safety.** If we 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, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

**Public Health.** As required by law, we may use or disclose your PHI to public health authorities charged with preventing or controlling injury or disability or to a person who is at risk of contracting or spreading your disease.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

**Agency Oversight Activities.** We may disclose your PHI to an oversight agency as required by law. These oversight activities may include audits, investigations, inspections, and credentialing, as required for licensure and the government to monitor government programs and compliance with civil rights laws.

**Lawsuits and Similar Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may use your PHI for the purpose of research when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Notification.** We may use or disclose your PHI to notify or assist in notifying a family member or another person responsible for your care, regarding your location and general condition.

### **III. Authorization Revocation**

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **IV. Your Rights Regarding Your Protected Health Information**

**Confidential Communications.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home, rather than work. Your request must specify the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including the client record and billing records, but not including psychotherapy notes. You must submit your request in order to inspect and/or obtain a copy of your PHI. We will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

**Requesting Restrictions.** You have the right to ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

**Amendment.** You have the right to ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept by our office. To request an amendment, you must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the Protected Health Information kept by or for The Council; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our office. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

**Accounting of Disclosures.** You have the right to request an accounting of disclosures that we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. Use of your PHI as part of the routine client care in our office is not required to be documented. This information is subject to certain exceptions, restrictions and limitations. All requests for an accounting of disclosures must state a time period, which may not be longer than five (5) years from the date of disclosure and may not include dates before April 14, 2003.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our agency has created or maintained in the past, or will do so in the future. We will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time by contacting our Privacy Officer.

**Right to File a Complaint.** If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact The Council's Privacy Officer at 713-942-4100. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to:

Privacy Officer  
The Council on Recovery  
303 Jackson Hill  
Houston, Texas 77007  
P.O. Box 2768  
Houston, Texas 77252-2768

***You will not be penalized for  
filing a complaint.***