

Notice of Privacy Practices of Labyrinth Healing

Effective November 11, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Ann Stoneson, LPC-S of Labyrinth Healing.

Psychotherapist Responsibilities

I, Ann Stoneson LPC-S, am required by law to maintain the privacy of your health information and to provide you with a description of any legal duties and privacy practices regarding your health information. I am required to abide by the terms of this notice and will notify you if I make changes to this notice, which may be at any time. I will provide you with a copy of the revised notice sent by regular mail to the last address you have provided to this office for this communication purpose.

How I May Use and Disclose Medical Information About You

Treatment: I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose medical information about you to doctors, other therapists, or others who are involved in your treatment only with your written authorization. For example, if a referral is made to another health care provider I may provide oral information and copies of various reports that should assist her or him in treating you.

Payment: I may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

Health Care Operations: I may use and disclose, as needed, your health information in order to support my business activities, including quality assessment, licensing, marketing, legal advice, and customer service. For example, I may call you by name in the waiting area when greeting you prior to your session.

Other Uses and Disclosures

I may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of suspected child or elder abuse or abuse of a person with a disability, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.

I may create and distribute de-identified health information by removing all references to individually identifiable details.

I may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing at any time and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

Your Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to inspect your health records and to request a copy of these records.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from me upon request.
- The right to restrict disclosures of protected health information to health plans and insurance companies if you are paying out of pocket for your services in full.
- The right to be notified if you are affected by a breach of unsecured protected health information.

Ann Stoneson, LPC-S is the designated Privacy Officer for Labyrinth Healing.

Ann Stoneson, LPC-S is the designated Security Officer for Labyrinth Healing.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with this office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of this office. I will not retaliate against you for filing a complaint.

Department of Health & Human Services,
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
1-877-696-6775
(202) 619-0257

If you have any questions about this notice, please contact:

Ann Stoneson, LPC-S
8700 Manchaca Road, Suite 806
Austin, TX 78748
512-850-6781

LABYRINTH HEALING
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given a copy of Labyrinth Healing's Notice of Privacy Practices to read. I understand that a personal copy of this Notice is available to me upon request.

Signature

Printed Name

Date