

Donna G Wright, LPC

Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Responsibilities

This office is required to maintain the privacy of your health information and provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. We will abide by the terms of this notice and will notify you if we are unable to agree to a requested restriction. We reserve the right to change the terms of this notice, and we will notify you of any revisions to this policy at our office or via mail.

Your Rights

The protected health information we maintain belongs to you. You have the right to request a restriction on certain uses and disclosures, inspect and copy your health record, amend your health record, and obtain an accounting of disclosures of your health information. We will accommodate reasonable requests you may have to communicate health information at alternative locations or by alternative means. (For example, you may request that we telephone you at work instead of at home.)

We will use or disclose your health information for purposes of treatment, payment, and health care operations only.

Treatment refers to the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party. Examples of treatment include, but are not limited to, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Payment refers to the various activities of health care providers to obtain payment or be reimbursed for their services. Examples of how we can use your health information for payment purposes include, but are not limited to, determining eligibility or coverage under a health plan, billing and collection activities, reviewing health care services for medical necessity, justification of charges, and utilization review activities.

Health care operations are certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support the core functions of treatment and payment. For example, members of the medical staff or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

Other Uses or Disclosures

At times we are required by law to disclose protected health information. Examples of these instances are for purposes of public health activities; victims of abuse, neglect, or domestic violence; judicial and administrative proceedings; law enforcement purposes; or coroners and medical examiners. Any use or disclosure of your protected health information not required by law for purposes other than treatment, payment, or health care operations will require an individual signed authorization that may be revoked in writing.

To Report a Problem

If you have any questions or would like additional information, please call (903) 504-5686 and ask for our privacy officer.

If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

My signature below indicates that I have been provided with a copy of the notice of privacy practices, and I have reviewed it carefully.

Signature _____ Date _____

If signed by legal representative, relationship to patient _____