
ROOT TO RISE FAMILY THERAPY, PLLC

NOTICE OF PRIVACY PRACTICES

THANK YOU FOR CONSIDERING ROOT TO RISE FAMILY THERAPY, PLLC FOR YOUR MENTAL HEALTH NEEDS. THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT HOW YOUR PROTECTED HEALTH INFORMATION WILL BE USED AND DISCLOSED. PLEASE TAKE A MOMENT TO READ THE INFORMATION PROVIDED HERE. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO ASK US.

UNDERSTANDING YOUR PROTECTIVE HEALTH INFORMATION (PHI)

- “PHI” refers to information in your health record that could identify you.
- “Use” applies only to activities within Root to Rise Family Therapy, PLLC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Momentous Institute, such as releasing, transferring, or providing access to information about you to other parties.

OUR RESPONSIBILITIES

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice is an update from our Notice of June 10, 2015. This current Notice takes effect on October 16, 2017 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this Notice and make a new Notice available upon request.

YOUR RIGHTS

Although your health information is the physical property of Root to Rise Family Therapy, PLLC, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of protected health information about you. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed.

- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Request, in writing, to inspect or obtain a copy of your health record as provided by law. We ask that you please allow up to 15 calendar days for a records request. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request, in writing, to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

“Treatment, Payment and Health Care Operations”

- Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or other practitioner.
- Payment is when we disclose health information so that services provided to you may be billed to an insurance company or a third party.
- Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

OTHER USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT OF AUTHORIZATION

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

- Child Abuse: If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Family and Protective Services, the Texas Juvenile Justice Department, or to any local or state law enforcement agency.
- Adult Abuse: If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Texas Department of Family and Protective Services.
- Health Oversight: If a complaint is filed against us with the State Board of Examiners, the board has the authority to subpoena confidential mental health information from us relevant to that complaint.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are

being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **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.
- **Essential Government Functions.** If authorized federal officials request that we provide information for national security and intelligence activities as authorized by law. Additionally, under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Psychotherapy notes are exempted from the right of access and are given a greater degree of protection than PHI. Consequently, we will need to obtain a separate, signed authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization.

BREACH NOTIFICATION

In certain instances, you have the right to be notified in the event that we, or one of our business associates, discover an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made as required by state and federal law.

QUESTIONS OR COMPLAINTS

If you want more information about our privacy policy or have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may complain to us using the contact information listed at the end of this Notice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Please direct complaints to:

Taylor Freeman, LPC, LMFT
1800 E. Airport Fwy.
Irving, TX 75062

THANK YOU FOR TAKING THE TIME TO READ OVER THIS IMPORTANT INFORMATION. IT MATTERS A GREAT DEAL TO US THAT YOU FEEL RESPECTED AND INFORMED IN THIS PROCESS. MY SIGNATURE BELOW INDICATES THAT I HAVE RECEIVED A COPY OF ROOT TO RISE FAMILY THERAPY, PLLC NOTICE OF PRIVACY PRACTICES WHICH EXPLAINS HOW MY PROTECTED HEALTH INFORMATION WILL BE USED AND DISCLOSED.
