

HIPPA Notice of Privacy Practices

Welcome to my practice. It is my sincere hope that the time we spend working together will yield positive results for you. Psychotherapeutic services can be quite rewarding, bringing new meaning to your life as well as to the lives of others with whom you have relationships. The following paragraphs will summarize how I will handle the protected health information (PHI) you share with me.

I am required to keep a record of the services that you receive as we work together on your therapeutic goals. Also, such a record is required so that I can provide you with quality care, comply with legal requirements and meet the standards of my profession. Because your health/mental health information is personal, be assured that I will take all necessary precautions to guard your privacy and confidentiality. Protecting your information is both ethically and legally my responsibility. **This document will describe how psychological and medical information about you may be used and disclosed, and how you can obtain access to this information. Please review this information carefully.**

Use of protected health information (PHI) applies only to activities within my own practice, such as, sharing, applying, utilizing, examining, analyzing, etc. that identifies you. PHI is disclosed, for example, when I use your information for billing purposes or communicate information about you to a third party. With some exceptions, the information disclosed should be the *minimum* required to fulfill the purpose of the communication and would require your written authorization. In other words, protecting your privacy is of upmost importance in our working together, both from a therapeutic and legal standpoint.

The following reasons for using and disclosing information follow:

- For treatment. I will use your PHI for treatment in my office and, with your written authorization; I may share it with other health care providers in order for them to treat you. As stated above, only information that is necessary for a specified purpose will be shared.
- To obtain payment for treatment. I may use and disclose (also with your written authorization) PHI to bill and collect payment for the treatment and services I provided you. For example, I might send your PHI to your insurance company or health plan in order to get payment for health care services that I have provided to you.
- Your consent is not required if you are in a situation of imminent harm and need emergency treatment. However, I am required to get your consent as soon as you are

able to communicate with me and you are no longer in the aforementioned circumstance.

Uses and Disclosures where I may disclose your PHI that do not require your consent or authorization:

- Child abuse or neglect. If there is reasonable cause for me to believe that a child is abused or neglected, I am legally bound to report this information to the child protective agency.
- Similarly, if elder abuse is suspected, I am legally obligated to report such abuse to the adult protective service agency.
- In the case of judicial or administrative procedures, your PHI is protected and I must not release information unless you give authorization. However, if the information is mandated by law, I will do all I can to make sure your records are handled professionally and that all necessary steps are taken to protect sensitive information.
- Serious threat to health and safety. I may disclose your confidential information to protect you or others from serious harm.

Uses and disclosures requiring authorization

Except for those situations listed above, I will request your written authorization before using or disclosing any of your PHI. Your written consent also will be necessary in order for me to have contact with you through non-secure voice and /or data communications (i.e., cellular phone and /or voice mail.

You have the right to review and obtain copies of your PHI. Within 15 day after you request, I am obligated to provide you an opportunity to review your records, ideally with me in my office, and/or to obtain copies. A nominal fee for copying will apply. If for any reason, if I deny the review and/or copying of any part of your records, I must give you a written statement containing the reason for the denial and the duration of the denial.

Maintaining confidentiality and guarding your privacy are paramount in the provision of services to you. I will take all measures necessary to safe guard your physical records and assure confidentiality in our work.

If you have questions about the handling of your PHI, please contact me. Questions also can be directed to the Texas State Board of Examiners of Psychologists.

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