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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL DATA MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

The Healthcare Privacy and Accountability Act (HIPAA) is a Federal law that defines “**protected health information**” (PHI) and how, what, and to whom information may be given. Your PHI is the information in your case record and financial file maintained at this office.

Uses and Disclosure of PHI

Your PHI may be used and disclosed by your treatment provider for the following purposes:

TREATMENT

PHI may be disclosed to provide, coordinate, and manage your care and related services. For example, when your clinician becomes unavailable and asks another to take calls, your clinician may disclose data to alert the on-call practitioner that you may make contact, and your clinician may give treatment management data. If it is necessary to talk to a provider of services about a routine referral, you will be asked to sign a release form.

PAYMENT

Your PHI will be used as necessary to obtain payment for services provided to you. For example, if you use insurance, your insurance company requires that I give your diagnosis and other data to allow payment and to allow services to continue.

ADMINISTRATIVE OPERATIONS

Various administrative activities allow the casual disclosure of PHI. These include activities as simple as calling for you by name in the waiting room, calling to remind you of an appointment time, or discussing the filing of an insurance claim. In addition, it is necessary to disclose PHI for quality assurance audits in which clinical care is discussed.

Other uses and disclosures

Most of the time, PHI may be disclosed only via your written consent. If you are the parent or guardian of a child or legally incompetent adult, you are the only one who can authorize release of data. These consents for release may be revoked at any time.

Your Rights Under HIPAA

The following is a summary of your rights regarding your PHI. Please note that this is a summary and does not give examples of every eventuality.

You may inspect and have a copy your PHI (electronic or paper) except as limited by law.

Some of these limitations include information that your clinician may deem harmful to you, information that requires court order to obtain, and information that is contained in your file about someone seen in session with you who has not authorized release.

- You will be provided a copy or summary of your health information, usually within 15 days or your request.
- You will be charged a reasonable, cost-based fee.

You may request restriction of your PHI.

For example, you may ask that we cease giving information to insurance companies, that family members have restricted access, or that notification be sent to you at a different address.

- You can ask me not to use or share certain health information for treatment, payment or my operations.
- I am not required to agree to your request, and may say “No” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer.
- I will say “Yes” unless a law requires me to share that information.

You may request changes in your PHI.

You may disagree with what your clinician has written in your record, and you may request that the information be changed. I may say “No” to your request, but I will tell you why in writing within 60 days. In the event that I disagree, you may place a statement in your PHI. If I disagree, you may place a statement in your PHI. If your clinician rebuts your statement, you may obtain a copy of that rebuttal.

You may request an accounting of what PHI disclosures we have made.

Your request must be in writing.

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with and why.

- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You may request confidential communications

You can ask me to contact you in a specific way (for example, home or office phone, email) or to send mail to a different address. I will agree with all reasonable requests.

You may obtain a copy of this notice from me.

Ask for the HIPAA Disclosure Statement or the Notice of Privacy Practices at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

You may choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

Questions and Complaints

If you have questions or believe your privacy rights have been violated, write Tenley Fukui, LPC, 2437 Bay Area Blvd., #293, Houston, TX 77058, or call her at (713) 408-2468. Alternatively, you may file a complaint with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Room 509F, HHH Bldg., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Federal law prohibits retaliatory acts against those who file complaints.

Complaints against practitioners licensed by the Texas State Board of Examiners of Professional Counselors should be directed to the Texas State Board of Examiners of Professional Counselors, 1100 West 49th Street, Austin, TX 78756-3183, (512) 834-6658. Complaints can also be submitted to the Texas Attorney General, Region VI – Dallas, Ralph Rouse, Regional Manger, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202, or calling (214) 767-4056.

Your choices for what information I share.

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.*
- Contact you for fundraising efforts.**
- If you are unable to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

* I do not manage a hospital directory.

**I will not contact you for fundraising efforts.

In these cases I never share your information unless you give me written permission.

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

How do I typically use or share your health information?

I typically use or share your health information with your written consent in the following ways.

- I can use your health information and share it with other professionals who are treating you. (Example: a doctor treating you for an injury asks another doctor about your overall health condition).
- I can use and share your health information to run my practice, improve your care and contact you when necessary. (Example: I use health information about you to manage your treatment and services.)
- I can use and share your health information to assist you in getting reimbursement from your health plans or other entities. (Example, I give information about you to your health insurance plan so it will reimburse you for my services.

How else can I use or share your health information?

I am allowed or required to share your de-identified information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

For research

I can use or share your de-identified information for health research.

Comply with the law

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

Respond to organ and tissue donation requests

I can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

I can use or share health information about you:

- For worker’s compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

Changes to the Terms of This Notice

I can change the terms of this notice and the changes will apply to all information I have about you. The new notice will be available upon request, in my office and on my web site. The effective date of this notice is September 23, 2013.

I have read the above Notice of Privacy Practices.

Client's signature

Date