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This notice describes how medical information about you may be used and disclosed, as well as how you may have access to this information. Please review it carefully.

**Notice of privacy practices**

**Introduction:**

This notice serves to inform you of how your medical information will be handled in this office, how I share it with other professionals and organizations, and how you can see it.

**What is medical information:**

Each time you visit a healthcare provider, their office, or the hospital information is collected regarding you and your health. This information will pertain to past and current physical and mental health conditions, and/or tests and treatments you received. It may also pertain to payment for healthcare. The information I collect from you is called PHI which stands for Protected Health Information (hereinafter referred to as PHI). This information goes into your medical/healthcare record at my office, and will likely include the following:

Your history – as a child, in school, work, marriage, personal  
Reasons you present for treatment  
Diagnoses  
A treatment plan  
Routine progress notes  
Records I receive from other professionals who have treated/evaluated you  
Psychological tests, test scores, school records, and other reports  
Information about medications you are taking  
Legal matters  
Billing and insurance information

This list is not exhaustive but provides you an idea of the kinds of information that may go into your health records.

I use this information for treatment planning and your care. I can also utilize this information to help determine how treatment is working for you, and when I discuss (with your permission) your treatment with other healthcare professionals. This information will also be used to show that you actually received services from me for which I billed either you or your insurance company, and to improve the way I do my job by measuring the results of my work with your progress.

When you understand these factors, you can make better decisions about who, when, and why others should have your information.

Although your health record is the physical property of the healthcare professional or facility that collected it, the information belongs to you. You can read it and if you would like a copy I can make one for you (but will charge for copying and mailing services). If you decide to request a copy of your records, we should discuss this matter in session as outlined in the consent to treatment. If you find anything in your records that you think is incorrect or believe something important is missing, please notify me so that the records can be amended. However, in rare situations I do not have to agree to do this and can explain more about this if you like.

### **Privacy and laws:**

I am also required to tell you about privacy because of the privacy regulations of a federal law, the health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices, or NPP. I will obey the rules of this notice as long as it is in effect, but if I change it the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new notice in my office or on my website ([www.christinehallaustin.com](http://www.christinehallaustin.com)).

### **How your PHI can be used and shared:**

When your information is read by me or others in this office, and used by me to make decisions about your care, this is called in the law "use." If the information is shared with or sent to others outside this office, that is called in the law "disclosure." Except in some special circumstances, when I use your PHI here or disclose it to others I share only the minimum necessary PHI needed for those people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed, and so I will tell you more about what I do with your information.

The PHI may be used and disclosed for several reasons. Mainly, I will use and disclose it for routine purposes, and will explain more about these below. For other uses I must tell you about them and have a written authorization form unless the law lets or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

#### **1. Uses and disclosures of PHI in healthcare with your consent:**

After you have read this notice you will be asked to sign the acknowledgement statement at the end of the patient information form which will allow me to utilize your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment of my services, or some other business functions called healthcare operations. Together these routine purposes are called TPO, and the acknowledgement statement allows me to use and disclose your PHI for TPO.

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. Therefore you must sign the acknowledgement statement before I begin to treat you.

When you come to see me, I may collect information about you and all of it may go to your healthcare records in my office. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations.

**Treatment** – I use your medical information to provide you with psychological treatments or services. These might include individual, family or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you, such as with your personal physician. If you are being treated by a team I can share some of your PHI with them so that the services you receive will be working together. The other professionals will also share the same or similar information in how it pertains to their treatment approach. This way, we all can decide what treatments work best for you and make a treatment plan according to this information.

I may refer you to other healthcare/treatment professionals for services I cannot provide. When I do this I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

**Payment** – I may use your information to bill you, your insurance, or others so I can be paid for services rendered. I may contact your insurance company to gather information regarding benefits, and will have to tell them about your diagnosis, what treatments you are receiving, and the changes I expect in your condition. I will need to tell them about when we met, your progress, and other similar findings. This is especially true when using managed care insurance.

**Health Care Operations** – There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

## **2. Other uses in healthcare:**

**Appointment reminders** – I may use and disclose medical information to reschedule or remind you of your appointments for treatment or other care. If you want me to call or write to you only at your home or work or other preferred method of communication, I will do so as you indicated on the patient information form.

**Treatment alternatives** – I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other benefits and services** – I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates** – There are some jobs I hire other businesses to do for me. In the law, they are called my business associates. Examples might include a copy service I use to make copies of your health records and a billing service for billing purposes. These business associates need to receive some of your PHI to correctly do their jobs. To protect your privacy they have agreed in their contract with me to safeguard your information.

### **3. Uses and disclosures that require your authorization.**

If I want to use your information for any purpose besides the TPO or those I described above, I need your permission on an authorization form. I don't expect to need this very often.

If you do provide authorization to share your PHI, you can revoke this authorization in writing at any time. After that time, I will not use or disclose your information for the purposes that I agreed to. Of course, I cannot take back any information I have already disclosed with your permission or that I had used in my office.

### **4. Uses and disclosures of PHI from mental health records that don't require a consent or authorization.**

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when this may occur:

**When required by law** – in instances of suspected child/elder abuse. Also if you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting with your lawyer, or trying to get a court order to protect the information they requested. Also in some instances I have to disclose some information to government agencies, which check on me to see that I am obeying the privacy laws.

**For law enforcement purposes** – I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal matter.

**To prevent a serious threat to your health or safety, or that of another** – If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons or organizations who can prevent or reduce the threat.

### **5. Uses and disclosures where you have the opportunity to object.**

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as a close friend or clergy. I will ask you who you want me to tell what information about your condition and treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law.

If it is an emergency and I am unable to ask you for your consent, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop as long as it is not against the law.

### **6. Accounting of disclosures**

When I disclose your PHI, I keep some records of whom I've sent it to, when I sent it, and what I sent. You can get a list of many of these disclosures.

## **Your Rights Regarding Your Health Information**

You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you may ask me to call your cell phone rather than your home or office to schedule or cancel an appointment. I will do my best to do this.

You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement except if it is against the law or in an emergency, or when the information is necessary to treat you.

You have the right to look at the health information I have about you such as your medical and billing records, but you must make your request in writing. I will respond within 30 days of receiving your written request. Prior to releasing your records, it is my recommendation that we sit down together and review them to ensure you are aware of all that is contained in these records.

If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (amending) to your health information. You will need to produce your request in writing, and the reasons for the amendments. I may deny your request if the health information is a) correct and complete b) not created by me or my office c) not allowed to disclose or d) not part of my records.

You have the right to a copy of this notice. If I change this NPP I will post the new version in my waiting area and/or on my website.

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Ave SW, Washington, DC 20201. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. You may also file a complaint to the Texas State Board of Examiners of Psychologists at 333 Guadalupe Street, Suite 2-450, Austin, Texas 78701. The complaint hotline is 800-821-3205.