

God's Words of Deliverance Counseling Service
Vivian Lane, LPC-Intern, PSOTP, LCDC-I
Shelly Evans, LPC-Supervisor
Voice: 713-699-3007

NOTICE OF PRIVACY PRACTICES
Health Insurance Portability and Accountability Act of 1996 (HIPAA) and
Drug Abuse Prevention, Treatment, and Rehabilitation Act

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

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

GWOD's Duties:

1. The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.
2. We will ask you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke permission, send a written statement, signed by you, to GWOD, providing the date and purpose of the permission and saying that you want to revoke it.
3. We are required to give you notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our office. The new notice will apply to all health information we have, no matter when we got or created the information.
4. Our counselors must protect the privacy of your health information as part of their jobs. We do not let our counselors see your health information unless they need it as part of their jobs. We will punish counselors who do not protect the privacy of your health information.
5. We will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome without your specific written permission, unless the law allows us to disclose this information.
6. If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you either at GWOD or against any person who works for GWOD or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Your Privacy Rights at GWOD:

1. You can look at or get a copy of the health information we have about you. There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it.
2. You can ask us to correct information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information.
3. You can get a list of disclosures of your health information that we made to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
4. You can ask to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses of sharing of information that are required by law.
5. You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable.
6. You can get a copy of this notice any time you ask for it.

Treatment, Payment, and Health Care Operations:

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between Greater Houston Psychological Institute staff, for purposes of treatment, payment, or health care operations, without your permission.

Treatment: We can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to/or consulting with another health care provider about you, and referring you to another health care provider. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

Payment: We can use or disclose your health information to obtain payment for providing health care to you. This includes sending identifying information, fees due, and collection fees (up to 50% of amount due) to collections.

Health Care Operations: We can also use your health information for health care operations:

- activities to improve health care, evaluating programs, and developing procedures;
- case management and care coordination;
- reviewing the competence, qualifications, performance of health care professionals and others;
- conducting training programs and resolving internal grievances;

- conducting accreditation, certification, licensing, or credentialing activities;
- providing medical review, legal services, or auditing functions; and
- engaging in business planning and management or general administration

Unless you are receiving treatment for alcohol or drug abuse, GWOD is permitted to use or disclose your health information without your permission for the following purposes:

- **When required by law.** We may use or disclose your health information as required by state or federal law.
- **To report suspected child abuse/neglect, abuse/neglect of an elderly person, or abuse/neglect of a disabled person.** We may disclose your health information to a government authority if necessary to report abuse or neglect of a child, elderly person, or disabled person.
- **For research.** We may use or disclose your health information if a research board says it can be used for a research projects, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
- **To a government authority if it is reported that you are a victim of abuse.** We may disclose your health information to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights.
- **For public health and health oversight activities.** We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- **To comply with legal requirements.** We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- **For purposes relating to death.** If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. We may also disclose information about you for burial purposes, including grave marker inscription, unless you tell us not to.
- **To a correctional institution.** If you are in custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you.
- **If you are in the criminal justice system.** We may disclose your health information to other state agencies involved in your treatment, rehabilitation, or supervision.
- **For government benefit programs.** We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.
- **To your legally authorized representative (LAR).** We may share your health information with a person the law allows to represent your interests.
- **If you are receiving services for mental retardation,** we may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, in accordance with the Persons with Mental Retardation Act, unless you tell us not to.
- **In judicial and administrative proceedings.** We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:
 - **Commitment proceedings** for involuntary commitment for court-ordered treatment or services.
 - **Court-ordered examinations** for a mental or emotional condition or disorder
 - **Proceedings regarding abuse or neglect** of a resident of an institution
 - **License revocation proceedings** against a doctor or other professional
- **If you are on probation/parole for a sexual offense, you do not have confidentiality as far as probation/parole is concerned.**
- **For national security.** We will disclose your health information if necessary for national security and intelligence activities, and to protect the president of the United States.

- **To the Secretary of Health and Human Services.** We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

If you are being treated for alcohol or drug abuse, GWOD will not tell any unauthorized person outside of GWOD that you have been admitted to GWOD or that you are being treated for alcohol or drug abuse, without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law.

GWOD may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2 Subpart E
- To medical personnel in a medical emergency
- To qualified personnel for research, audit, or program evaluation
- To report suspected child abuse or neglect
- To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission.

Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

Complaint Process:

If you believe that GWOD counselors have violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Texas State Board of Examiners of Professional Counselors (Vivian Lane)
Complaints Management and Investigative Section
PO Box 141369
Austin, TX 78714-1369
Voice: 1-800-942-5540

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

GWOD will not retaliate against you if you file a complaint.

For further information, contact GWOD at 713-699-3007.

By signing this document, I acknowledge that I have read, understood, and agreed to the terms of the aforementioned items and that I have received a copy of this document.

Signature of Client

Date

Therapist signature

Date