

JODIE L. MARTIN, M.ED., L.P.C.

6501 HARVARD

LUBBOCK, TX 79416

HIPPA NOTICE OF PRIVACY PRACTICES

Please review this information carefully as it describes how you can get access to medical information about you and how we may use and disclose this information.

Our responsibility to you regarding your medical information

We understand that mental health about you is personal. We are committed to protecting the privacy of mental health information about you. In an effort to provide the highest quality medical care to comply with certain legal requirements, we will and are required to:

Keep your mental health information private

Provide you with a copy of this notice

Follow the terms of this notice

Notify you if we are unable to agree to a restriction that you have requested

Accommodate reasonable requests by you for us to communicate health information by alternative means.

How we may use and disclose medical information about you

We may use and disclose mental health information about you for your treatment (such as sending mental health information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company).

Examples of disclosures for treatment or payment

We will use your health information for treatment or referral to a specialist to assist him/her in treating you. We will use your health information for payment. For example: A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you as well as the procedure for your treatment and diagnosis.

How your information will be used

We may contact you for appointment reminders or to reschedule appointments. We may leave a message with a family member or other person who answers the phone when you are not available.

We may release information about you to a family member, friend, or any other person involved in your care. However, it is the policy of this office to obtain written consent of the client before doing so. We may also give information to those identified as responsible for payment of your care.

We may use or disclose mental health information about you without your prior knowledge or consent for several reasons, such as the following:

Law: We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

Public health: We may disclose your mental health information to public health or legal authorities charged with preventing or controlling injury, disability, child abuse or neglect, etc., as required by law.

Business associates: We may disclose your mental health information to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services we provide. To protect your health information we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Workers' compensation: We may disclose health information necessary to comply with laws relating to Workers' compensation or other similar programs established by law.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agent, health information necessary for your health and the health and safety of other individuals.

State requirements: Many states have requirements for reporting, including population-based activities relating to improving health care or reducing health care costs.

Organized health care arrangements: Information will be shared as necessary to carry out treatment and/or payments.

Other uses of mental health information

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing mental health information about you. If you choose to authorize us to use or disclose your mental health information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that action has already been taken by us upon authorization given to us.

Your rights regarding mental health information about you

Your mental health record is held by Jodie L. Martin, MEd, LPC. Mental health records are available to the patient with the therapist's consent. She must discuss the record with the patient before the patient may obtain a copy. Generally, records requested from another provider are either faxed or mailed to that provider directly, and only upon written release requested by the patient. However, the therapist may share information with an insurance carrier for purposes of pre-authorization, collections, etc.

You may obtain a paper copy of this notice of our privacy practices upon request.

You may obtain an accounting of disclosures stating who and where your health information has been disclosed for purposes other than treatment, payment, health care operations, or where you specifically authorized a use or disclosure in the past six years. The request must be in writing and state the time period desired for the accounting. There may be a charge for this request.

You may request that information about you be communicated to you in a confidential way or at an alternative location, but you must specify how or where you wish to be contacted.

Changes to this notice

Jodie L. Martin, MEd, LPC has the right to change this notice at any time. You may request a copy of the current notice at any time.

Complaints

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact Jodie L. Martin, MEd, LPC at 806-319-1882. You may also file a complaint with the Texas Board of Examiners of Professional Counselors at: Complaints Management and Investigative Section P.O. Box 141369 Austin, TX 78714-1369. Or call 1-800-942-5540.

Signature below constitutes acknowledgement that you have received this Notice of Privacy Practices:

Patient Name: _____

Signature: _____

Witness: _____

Date: _____

