



# The Jones Center for Children's Therapy and Assessment

Jessica O. Jones, PsyD, LPC-S

604 Strada Circle, Mansfield, TX 76063

Phone: (817) 453-2400 Fax: (817) 453-2414

Website: [www.jonesccta.com](http://www.jonesccta.com) Email: [contactus@jonesccta.com](mailto:contactus@jonesccta.com)

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## **PATIENT PRIVACY NOTICE**

Notice of Policies and Practices to Protect the Privacy of Your/Your Child's Personal Health Information

### **Introduction**

This Patient Privacy Notice describes how we may use and disclose you, or your child's, Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. This Notice also describes your rights regarding health information we maintain about you/your child and a brief description of how you may exercise these rights. This Notice further delineates the obligations we have to protect your/your child's health information.

PHI refers to health information (including identifying information about you/your child) we have collected from you or received from your/your child's health care providers, health plans, or a health care clearinghouse. It may include information about your/your child's past, present, or future physical or mental health or condition, the provision of your/your child's health care, and payment for your/your child's health care services.

We are required by law to maintain the privacy of your/your child's health information and to provide you with a notice of our legal duties and privacy practices with respect to your/your child's health information. We are also required to comply with the terms of our current Patient Privacy Notice.

**Uses and Disclosures That May Be Made For Treatment, Payment, and Operations:** Without your prior appropriate authorization, we may use or disclose protected health information for treatment, payment, and health care operations purposes.

- 1. Treatment:** We may use and disclose your/your child's health information without your authorization for certain treatment and health care operations. As this is a training facility, we may also disclose your/your child's health information without your authorization among clinicians/fellows who work at JCCTA. For example, our staff may discuss your/your child's case at a case conference. In addition, *with* your authorization, we will disclose your/your child's health information to another health care provider (i.e., pediatrician) working outside JCCTA.
- 2. Payment:** We may use or disclose your/your child's health information without your authorization so the treatment and services you receive are billed to, and payment is collected from, your health insurance carrier or other third party payer. We may disclose your/your child's health information to permit your health insurance carrier to take certain actions before your health insurance carrier approves or pays for your services. These actions may include:
  - making a determination of eligibility or coverage for health insurance;
  - reviewing your/your child's services to determine if they were medically necessary;
  - reviewing your/your child's services to determine if they were appropriately authorized or certified in advance of your/your child's care; or
  - reviewing your/your child's services for purposes of utilization review, to ensure the appropriateness of your/your child's care, or to justify the charges for your/your child's care. For example, your health insurance carrier may ask us to share your/your child's health information in order to determine if the plan will approve additional visits to your/your child's therapist.
- 3. Health Care Operations:** We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our

organization and make sure our consumers and patients receive quality care. These activities may include, for example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training fellows in clinical activities, business planning and development, and general administrative activities. We may use and disclose your/your child's health information to contact you to remind you of an appointment. We may use and disclose your health information to inform you about possible treatment options or alternatives which may be of interest to you.

**Uses and Disclosures Requiring Authorization:** With your prior appropriate authorization, we may use or disclose protected health information for purposes outside of treatment, payment, and health care operations. Protected information will not be released for these purposes until proper authorization has been received from you. You may revoke or modify all authorizations required for release of information (outside those outlined above) at any time, provided each revocation is in writing. Revocations and modifications are not valid until received by our office.

**Uses and Disclosures with Neither Consent nor Authorization:** We may use or disclose protected health information without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever a clinician, in his/her professional capacity, has knowledge of or observes a child whom he/she knows or reasonably suspects has been the victim of child abuse or neglect, he/she must immediately report such to a police or sheriff's department, county probation department, or county or state welfare department.
- **Adult, Elder, and Domestic Abuse:** If a clinician, in his/her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, if the clinician is told by an elder or dependent adult he or she has experienced these, or the clinician reasonably suspects such, he/she must report the known or suspected abuse immediately to the local ombudsman or a local law enforcement agency.
- **Health Oversight:** The Texas State Board of Examiners of Psychologists (TSBEP), or other state licensing board, as applicable, has the authority to subpoena confidential mental health information from a clinician relevant to any complaint made against him/her.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services provided to you/your child, we must not release your information without your written authorization or the authorization of your attorney or personal representative or a court order. *The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We will inform you in advance if this is the case.*
- **Serious Threat to Health or Safety:** If you/your child communicate(s) to a clinician serious threat of physical violence against an identifiable victim, the clinician must make reasonable efforts to prevent harm, which may include communicating that information to the police. If the clinician has reasonable cause to believe you/your child are/is in such a condition as to be dangerous to yourself/him or herself or others, he/she may release information as necessary to prevent the threatened danger.

**Patient Rights:** You, the patient or parent/guardian, have the following rights:

- **Right to Inspect and Copy:** You have the right to request an opportunity to inspect or copy health information used to make decisions about your care. This would usually include clinical and billing records, but not psychotherapy notes. You must submit your request in writing to our office. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with your request. We may deny your request to inspect or copy your health information in certain circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.
- **Right to Amend:** For as long as we maintain records about you/your child, you have the right to request we amend any health information used to make decisions about your care. To request an amendment, you must submit a written document to our office and tell us why you believe the information is incorrect or inaccurate. We may deny your request. If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to discuss subsequent steps to be taken by both you and our office/clinicians.

- **Right to an Accounting of Disclosures:** You have the right to request we provide you with an accounting of disclosures we have made of your health information, including those for which you provided no neither consent nor authorization. To request an accounting of disclosures, you must submit your request in writing to our office.
- **Right to Request Restrictions:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to a restriction you may request.
- **Right to Request Confidential Communications:** You have the right to request we communicate with you about your health care only in a certain location or through a certain method. For example, you may request we contact you only at work or by e-mail. We will accommodate all reasonable requests.
- **Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may still obtain a paper copy. To obtain a paper copy, please contact our office.

**Provider Duties:**

- Your/your child's clinician is required by law to maintain the privacy of protected health information and to provide you with a notice of his/her legal duties and privacy practices with respect to protected information.
- We reserve the right to change the privacy policies and practices described in this notice if we notify you of such changes.
- If we revise our policies and procedures, we will provide you with a written copy of the revised policies and procedures at the earliest possible opportunity following this revision, either in person, by mail, or by email.

**Complaints:** If you are concerned about possible violations of your privacy rights or you disagree with decisions we have made about access to your records, you may file a complaint with us. You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

**Restrictions and Changes to Privacy Policy:** We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. We will provide you with a revised notice in person, by mail, or by email at the earliest opportunity following the revision.

***If you have any questions regarding the information contained within our Patient Privacy Notice, please contact us.***