

HIPPA Notice of Privacy Practices

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.

Rhēma-Therapy only releases information in accordance with state and federal laws and the ethics of the counseling profession. Rhēma-Therapy creates and maintains client records that include personal healthcare information including your presenting problems, symptoms, demographic information, medical history mental health evaluations, diagnosis, personal and family history, treatment plan, progress notes, and any plans for future care or treatment. This is your “protected health information” (PHI) as defined by the Health Insurance Portability and Accountability.

Purpose of this notice:

This notice describes how Rhēma-Therapy may use and disclose your protected health information to carry out treatment, payment, and healthcare operations. State and federal laws allow for use and disclosure of your health information for these purposes. This notice outlines the legal duties for protecting the privacy of your health information and explains your rights to have your health information protected.

Your Health Information Rights:

Although your client record is the physical property of Rhēma-Therapy the information it contains belongs to you. You have the right to:

- Inspect and request a copy of your record as provided by law.
- Request communication of your health information by alternative means or alternative locations. Reasonable requests will be accommodated.
- Request in writing a restriction on certain uses and disclosures for treatment, payment, and healthcare operations, as proved by law. However, Rhēma-Therapy is not required to agree to a requested restriction.
- Request in writing that your health record be amended, as provided by law. You will be notified within 30 day if Rhēma-Therapy is unable to grant your request to amend your client record.
- If Rhēma-Therapy does not agree to amend your health information, you may have a statement of your disagreement added to your personal health information in your record.
- Obtain an accounting of certain disclosures of your health information as provided by law.
- Obtain a paper copy of the HIPPA Notice of Privacy Practices, HIPAA Notice of Privacy Practices may be changed or modified at any time. You have the right to obtain a revised copy, when changes are made. Obtain your paper copy from Rhēma-Therapy.

Our Responsibilities:

In addition to the responsibilities stated above, Rhēma-Therapy is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to her legal duties and privacy practices with respect to information she maintains about you.
- Notify you if she is unable to agree to a requested restriction on certain uses or disclosures.
- Rhēma-Therapy reserves the right to change practices and to make the new provisions effective for all protected health information she maintains, including information created or received before the

change. Should the information practices change Rhēma-Therapy is not required to notify you, but she will have the revised notice available upon request.

How We May Use or Disclose Your Health Information:

- Your treatment: This includes the provision, coordination, and supervision of counseling and related services, including the coordination or management of your care and consultation between healthcare professionals when it will benefit the progress of your treatment plan.
- Payment for Services Provided: This includes actions undertaken by individuals, corporations, federal agencies, and third-party billing companies, involved in paying or collecting fees for mental health services provided by Rhēma-Therapy. For example, your insurance company may request information such as procedure and diagnosis information that she is required to submit in order to bill for your treatment. She may contact your insurance company to verify insurance and coverage.
- Rhēma-Therapy Internal Operations: This includes, but not limited to, assessment and improvement activities with supervisors; storage of records with a third party electronic medical records company which includes records, billing, messaging, scheduling; and other activities that support internal operations.

Uses and disclosures of your Health Information Without Your Consent Or Authorization:

- Child Abuse: If Rhēma-Therapy has a reason to believe that a child has been, or may be abused, neglected, or sexually abused, she must make a report within 48 hours to the Texas Department of Protective and Regulatory Services.
- Adult Abuse: If Rhēma-Therapy has reason to believe that an elderly or disabled person has been or may be abused, neglected or exploited, she must immediately report this to the Texas Department of Protective and Regulatory Services.
- Serious Threat to Health or Safety: If Rhēma-Therapy determines that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, she may disclose relevant confidential mental health information to medical or law enforcement personnel.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under Texas State Law, and Rhēma-Therapy will not release information without written authorization from you or your personal or legally appointed representative, or a court order. This privilege does not apply when you are being evaluated pursuant to a court order. If a complaint is filed against Rhēma-Therapy with one of the State Boards of Examiners, such Boards have the authority to subpoena confidential mental health information relevant to that complaint. Records may also be disclosed in proceedings brought by a client against a professional.

*** Authorization for Contact: I authorize Rhēma-Therapy to contact me in the following ways:**

- Email**
- Phone (Voicemail)**
- Phone (Text message)**
- Postal Mail**

I understand that this authorization is in effect until my case is closed by Rhēma-Therapy or until I revoke it in writing. This revocation shall be effective except to the extent Rhēma-Therapy has already used or disclosed my Health Information in reliance on this Consent. I hereby authorize Rhēma-Therapy to use or disclose my health Information as stated in the HIPPA Notice of Privacy Practices. I hereby acknowledge that I have read and understand the information contained in this HIPPA Notice of Privacy.

Policies and that I am the Client or am authorized to act on behalf of the client to sign this document verifying consent to the above stated terms. A copy of Rhēma-Therapy's HIPPA Notice of Privacy Policies has been made available to me and I understand that if I do not wish to take a copy today, I can ask for one at any time.

For More Information Or To Report a Problem:

- For more information about our privacy practices, please discuss your concerns first Rhēma-Therapy, 903-480-0101.
- You may file a complaint with the Secretary of the U. S. Department of Health & Human Services: Office for Civil Rights 1.866.627.7748 www.hhs.gov/ocr/hippa
- You will not experience any retaliation for filing a complaint.

*** In the event of an emergency, I consent to the sharing of my health information with (Name, Relationship to me):**

*** Phone number of emergency contact:**

*** I have read and consent to the above policies.**

Signature of Client, Parent, or Legal Guardian

Printed Name

Date