Carl W. Pearce, MA, LPC, LMFT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

TO OUR PATIENTS: This notice describes how health information about you, as a patient of this practice, may be used and disclosed and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice takes effect April 14, 2003, and will remain in effect until we replace it.

OUR COMMITMENT TO YOUR PRIVACY: Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or on the Internet. Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. We access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims, and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you. We realize that these laws are complicated, but we must provide you with the following important information.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

TREATMENT: While it is within our rights to use or disclose your health information to a physician or other healthcare provider providing treatment to you, in most cases a separate authorization will be obtained for each disclosure. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it, in writing, at any time. Your revocation will not affect any use of disclosure permitted by your authorization while it was in effect. Unless written authorization is obtained, we cannot use or disclose your health information for any reason other than those described in this notice. You can request a restriction in our use or disclosure of your health information. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care such as family members and friends. We are not required to agree to such requests, but if we do, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

PAYMENT: While it is within our rights to use and disclose your health information to obtain payment for services we provide to you, in most cases detailed health information is not required.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

SERIOUS THREAT TO HEALTH OR SAFETY: If I determine 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, I may disclose relevant confidential mental health information to medical or law enforcement personnel.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law, by a law enforcement official, or in correlation with lawsuits and similar proceedings involving a court or administrative order.

HEALTHCARE OPERATIONS: We may be required to disclose your health information to public health authorities and health oversight agencies that are authorized by law to collect information.

NATIONAL SECURITY: We may disclose health information to appropriate authorities if you are a member of the U.S. or foreign military forces (including veterans) and if required by such authorities to do so. Additionally, we may disclose health information to federal officials for intelligence and national security activities as authorized by law.

WORKER'S COMPENSATION: We may disclose health information for Worker's Compensation and similar programs.

DEPARTMENT OF TRANSPORTATION: If it is recommended by the Department of Transportation that you have an evaluation by a Substance Abuse Professional in this office, we may disclose your health information to individuals assigned to your case.

PATIENT RIGHTS

COMMUNICATIONS: You can request that our practice communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.

ACCESS: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Theresa E. Marquez, P. C. 1701 Gateway Blvd., Suite 465, Richardson, TX 75080. Telephone 972-644-2500

AMENDMENT: You have the right to request that we amend your health information if you believe it to be incorrect or incomplete as long as the information is kept by or for this practice. You must submit your request in writing and must explain why the information should be amended. Submit to Theresa E. Marquez, P.C. 1701 Gateway Blvd., Ste 465, Richardson, TX 75080. Ph. 972-644-2500. We may deny such requests under certain circumstances.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a twelve month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

COPY OF NOTICE: You have the right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please contact this office at 972-644-2500.

RIGHT TO FILE A COMPLAINT: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Theresa E. Marquez, P.C., 1701 Gateway Blvd., Ste 465, Richardson, TX 75080. Phone 972-644-2500. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

RIGHT TO REVOKE: You will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to this office. Please understand that revocation of this consent will not affect any action taken in reliance on this consent before we received revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

If you have any questions regarding this notice or our health information privacy policies, please contact Theresa E. Marquez, P.C., 1701 Gateway Blvd., Suite 465, Richardson, TX 75080.

I hereby acknowledge that I have had full opportunity to read and consider the contents of Theresa E. Marquez's Notice of Privacy Practices and I understand that by signing this form, I am giving my consent for use and disclosure of my protected health information to carry out treatment, payment activities, and/or health operations.

Patient Name:_____ **Date:**_____

Signature of Patient or Responsible Party:_____