
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 THIS NOTICE CAREFULLY * * *

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records for each of the following purposes:

- **Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment:** means such activities as obtaining reimbursement of services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations:** includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

RIGHTS:

You have the following **rights** with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The **right** to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The **right** to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The **right** to inspect and copy your protected health information.
- The **right** to amend your protected health information.
- The **right** to receive an accounting of disclosures of protected health information.
- The **right** to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of **APRIL 14, 2003** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post such notices and you may request a written copy of a revised Notice of Privacy Practices from this office.

Privacy Officer Name/ Address: Benessa Aguilar, 300 Thunderbird, Suite 20, El Paso, Texas .
Office: (915) 845-3122; Fax (915) 845-4165

For Additional Information or to file a complaint,
contact the following:

Toll Free: (1-877-696-6775)

The U.S. Dept. of Health & Human Services
Office of Civil Rights
2000 Independence Avenue, S.W.
Washington, D.C. 20201

Acknowledgement

My signature below confirms I have been provided with the opportunity to read the above Notice of Privacy Practices from **COUNSELING CENTER OF EXPRESSIVE ARTS** and can ask for a copy and/or discuss this Notice with the Privacy Officer or his/her designee upon my request.

Patient/Guardian Signature

Date

Patient Name (Printed)

D.O.B.