

## Staci Lea Rocha, M.A., LPC

# 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.**

---

Your health record contains personal information about you and your health. This information, which may identify you, and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, and your rights concerning your PHI.

- "Use" applies only to activities within my office, such as accessing, sharing, and analyzing.
- "Disclose" Release, transfer, or giving access to information outside my office.

The privacy of your health information is very important to us. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. The effective date of this Notice is December 18, 2013. If we change this notice, I will post the revised copy on our website and make available in the waiting area of my office.

For more information about my privacy practices, please contact me using the information contained in Section II.G of this notice.

---

## **I. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

### **A. Permissible Uses and Disclosures without Your Written Authorization**

I may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under state and federal law.

- 1. Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. For example, I may use your PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment, to consult about your care.
- 2. Payment:** We may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits; processing claims with your insurance company; reviewing services provided to you to determine medical necessity; undertaking utilization review activities; or Employee Assistance Program services. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- 3. Health Care Operations:** We may use or disclose, as needed, your PHI in connection with our health care operations, Employee Assistance Programs, quality assessment and improvement activities, medical reviews, business management and general administrative activities in support of our business activities, accreditation, certification, and/or credentialing activities. For example, we may share your PHI with third parties that perform billing services, provided we have a written contract with the business to safeguard the privacy of your PHI. Another example would be document filing by my immediate staff.
- 4. Required by Law:** We may use or disclose PHI when required or permitted to do so by law. For example I may disclose for: Child Abuse; Elderly Abuse; Court Order; disclosures to the Military or National Security Agencies; disclosures to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstances; or disclosure to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

## **B. Uses and Disclosures Requiring Your Written Authorization**

- 1. Marketing Communications:** I will not use your PHI for marketing communications.
- 2. Other Uses and Disclosures:** Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to: your Life Insurance Company; another Mental Health Professional; your attorney, to a school, or employer. You may revoke any such authorization at any time.

## **II. YOUR INDIVIDUAL RIGHTS**

- A. Right to Inspect and Copy:** You may request access to your medical records and billing records maintained by me in order to inspect and request copies of the records. Under limited circumstances, I may deny access to you records. For example, when there is compelling evidence that access would cause serious harm to you. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible.
- B. Right to Alternate Communications:** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication (i.e. encrypted confidential email, or telephone.), or at alternate locations for a fee.
- C. Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. You must request any such restriction or limitation in writing addressed to the Privacy Officer using the information listed in Section II.G. We are not required to agree to your request.
- D. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures for purposes of PHI made by me after April 14, 2003. Disclosures that are exempted from this right are: Disclosures for treatment, payment, and health care operations; disclosures made to you or disclosures otherwise authorized by you; disclosures to persons involved in your care; disclosures for National Security or Intelligence purposes; disclosures to correctional institutions or law enforcement officials, and is subject to other restrictions and limitations. I will respond within 60 days of receiving your request. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.
- E. Right to Amend:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer using the information in Section II.G.
- G. Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer, Staci Lea Rocha, M.A., LPC at [8015 Vinton Ave Lubbock, TX 79424 (806) 787-0701]. You may also file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**Staci Lea Rocha, M.A., LPC  
4601 50th St Suite 203  
Lubbock, Texas 79414**

**Phone: (806) 787-0701**

**Fax: (806) 701-5899**

### **LIMITS OF CONFIDENTIALITY**

The contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

#### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

#### **Prenatal Exposure to Controlled Substances**

Mental healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to an unborn fetus.

#### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' counseling records.

#### **Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.