

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.

Effective date: August 1, 2016

America's Family Counseling Center has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT We may need to use or disclose health information about you to provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier and to process the collection of fees via check or credit cards. We may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Applicable laws and ethical standards which permit us to disclose your personal health information PHI without your consent. There are some instances, permitted by HIPPA, where we may be required to use and disclose information without your consent. The list includes, but is not limited to: **Child/Elderly Abuse or Neglect** (by Texas State Law we are obligated to report this to the Department of Children and Family Services), **Law Enforcement** (for the purposes of identifying a suspect, material witness, or missing person, in connection with the victim of a crime, reporting or with a crime on the premises), **Judicial & Administrative Proceedings** (we may disclose your PHI pursuant to a subpoena with your written consent, court order, administrative order or similar process), **Public Health** (we may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including the target of the threat). **Public Safety** (we may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public) and **Verbal Permission** (we may disclose to family members that are directly involved in your treatment with your verbal permission).