

Laura McDowell-Salcedo, LCSW
5900 Balcones Drive, Suite 132
Austin, Texas 78731
512-294-4239

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 about you that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and professional code of ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For 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. I may disclose PHI to any other consultant only with your authorization.

For Payment: Your PHI may be used or disclosed when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

For Health Care Operations: I may use or disclose, as needed, your PHI to your health care service plan (e.g. your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination. I may share your PHI with third parties that perform various business activities (e.g. bookkeeping or claims payment) provided that I have a written contract with the business that requires it to safeguard the privacy of your PHI. I may use PHI to remind you of appointments or follow up with you regarding your treatment and to assess the quality of services you receive.

Required by Law: Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

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Without Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorizations are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the Social Work Licensing Board or the Health Department).
- Required by Court Order.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me at: Laura McDowell-Salcedo, LCSW, 5900 Balcones Drive, Suite 132, Austin, TX 78731.

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.

Right to Amend: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information. Although, I am not required to agree to the amendment.'

Right to an Accounting of Disclosures: You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

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. We are not required to agree to your request.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of this Notice: You have a right a copy of this notice.

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COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing to me at: Laura McDowell-Salcedo, LCSW, 5900 Balcones Drive, Suite 132, Austin, TX 78731 or with: Secretary of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257.

I will not retaliate against you for filing a complaint.

**Based on document originating with the National Association of Social Workers. ©
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