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## **HIPAA:** **Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information**

This information is made available so that you are fully aware of how psychological and medical information about you may be used and disclosed and how you can get access to this information.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Valiant Mental Health PLLC may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To clarify these terms, here are some definitions:

**PHI:** refers to information in your health record that could identify you.

**Treatment:** when Valiant Mental Health PLLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when an Valiant Mental Health PLLC provider consults with another health care provider, such as your family physician or another psychologist.

**Payment:** is 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.

**Health Care Operations:** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

**Use:** applies to only activities within my office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

**Disclosure:** applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties. The use and disclosure of psychotherapy notes and/or PHI for marketing purposes or those that constitute a sale of PHI require patient authorization. Other uses of disclosures not described in this notice will only be made once an authorization has been obtained. Patients may have the right to restrict certain disclosures of PHI to insurance companies if they are paying for services out of pocket in full. They also have the right to be notified following a breach of unsecured PHI.

### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our

conversation during a private, group, joining, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child abuse:** If I have reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, I must immediately report the matter to the appropriate authority.

**Adult and Domestic Abuse:** If I, in the performance of my professional or official duties, know or have reason to believe that a dependent adult has been abused and is threatened with imminent abuse, I must promptly report the matter to the appropriate authority.

**Health Oversight Activities:** If the Texas Board of Psychology is investigating my competency, license or practice, I may be required to disclose protected health information regarding you.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the counseling or psychotherapy services provided to you, and/or the records thereof such information is privileged under Texas law, I shall not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I shall inform you in advance if this is the case.

**Serious Threat to Health or Safety:** I may disclose protected health information regarding you where there is a clear and imminent danger to you or another individual or to society, and then only to appropriate professional workers or public authorities. If you are at risk, I may also contact family members or others who could assist in providing protection.

**Worker's Compensation:** If you have filed a worker's compensation claim, I may be required to disclose PHI about any services I have provided to you and that are relevant to the claimed inquiry.

### IV. Patient's Rights and Psychologist's Duties

#### Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction of your request.
- **Right to Receive Confidential Communication by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- **Right to Inspect, Amend, or Copy:** You have the right to inspect, request an amendment or obtain a copy of your PHI for as long as the PHI is maintained in the record. I may deny you access to PHI under certain circumstances, such as when a health care professional believes access cause harm to the individual

or another person. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Upon your request I will discuss the details of the request and denial process. Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

### **Psychologist's Duties**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will post a notice of revision in my office.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact us at: 210-807-1007

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to: Texas Department of State Health Services (DSHS): Call 1-512-776-7111 or 1-888-963-7111 (toll free)

If you believe the agency has violated your privacy rights, you also can file a complaint with the:

Secretary Office of Civil Rights Region VI U.S. Department of Health and Human Services 1301 Young St., Suite 1169  
Dallas, Texas, 75202 Voice Phone (800) 368-1019 FAX (214) 767-0432 TDD (800) 537-7697

## **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

This notice will go into effect on July, 20th, 2015.

**Department of State Health Services  
Notice of Privacy Practices  
Valiant Mental Health PLLC**

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**ACKNOWLEDGEMENT OF REVIEW**

Date: \_\_\_\_\_

I have reviewed the Department of State Health Services Notice of Privacy Practices (version effective July 20, 2015), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

**If completed by a patient's personal representative, please print and sign your name in the space below.**

\_\_\_\_\_  
Personal Representative (Print)

\_\_\_\_\_  
Personal Representative Signature

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date