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HIPAA NOTICE OF PRIVACY PRACTICES STATEMENT

This HIPPA Notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I am required by law to keep your (or your child's) information private and to give you this notice of how I will do so. I am required to abide by the terms of this notice or any revision of it, whichever is currently in effect. If I change this notice, I will give you a copy of the new notice at your next session, or mail it to you at the address you choose.

How I Can Use and Disclose Your Information:

During the course of therapy, I may obtain information from or about you (or your child), either in session, by telephone, voicemail, letter, or paper forms. I will use this information only for purposes of your (or your child's) therapy, such as discussing it during therapy sessions, or with your permission, coordinating care with your (or your child's) other health care providers; health care operations, such as discussing your (or your child's) case with consultants, if needed; or for payment from third-party sources such as health insurance, if applicable.

Additional situations in which I can use or disclose your (or your child's) information without your permission include emergencies, danger to yourself or another person, situations of suspected child/elder abuse, or under a valid court order, as described more fully in the accompanying Informed Consent. Under law, mental health information is more strongly protected from disclosure than other health information.

For all other situations not required by law, I will disclose your (or your child's) information only with your written permission, which you can withdraw at any time.

Your Rights Under HIPAA:

You have the right to request that I restrict disclosures of your (or your child's) information further, which we would discuss on an individual basis. Since your (or your child's) information is already as confidential as permitted by law, I may not be able to restrict disclosures further. You have the right, if it would make your (or your child's) information more secure, to choose whichever address or phone number you feel would be most private for me to use to communicate with you. You have a right to request an accounting of disclosures, which is a list of times I have disclosed your (or your child's) information for reasons other than those described above. You have the right to get another copy of this notice, if you ask for it. If you are concerned that I have violated your (or your child's) privacy rights, or you disagree with a decision I made about access to your records, you may contact me to discuss your concerns. You have the right, if you think these rights have been violated, to file a complaint by mail to my address, or to send a written complaint to the Texas State Board of Social Worker Examiners. I can provide you with the appropriate address upon request or you may obtain the complaint form at: http://www.dshs.state.tx.us/plc/plc_complain.shtml

This notice goes into effect on September 1, 2015. I reserve the right to change the terms of this notice. Should this occur, I will provide you with a revised written notice.

I have received this HIPAA Notice of Privacy Practices Statement.

Print Name _____ **Date** _____

Signature _____