

**THIS NOTICE DESCRIBES
HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY.**

When you receive treatment from Ray Sibert, LPC-S, counselor at Light at the End of the Tunnel we will obtain and/or create health information for you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care. This is your Protected Health Information (PHI). The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

Duties of Ray Sibert, LPC-S:

- The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.
- We will ask you for your written permission (authorization) to use or disclose your PHI. There are times when we are allowed to use or disclose your PHI without your permission, as explained in this notice. If you give us your permission to use or disclose your PHI, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your PHI before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to Ray Sibert, LPC-S, 8700 Manchaca Rd, Ste. 306, Austin, TX 78748 providing the date and purpose of the permission and saying that you want to revoke it.
- We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice states. We will ask you to sign and acknowledge that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at Ray Sibert's office. The new notice will apply to all PHI we have, no matter when we got or created the information.
- Ray Sibert must protect the privacy of your PHI as part of his job. We do not let other counselors or staff see your PHI unless they need to as a part of their jobs. Anyone affiliated with Ray Sibert who does not protect the privacy of your PHI is subject to additional privacy training and/or disciplinary measures.
- We will not disclose information about you related to testing for Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome or other conditions without your written permission, unless the law allows us to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you against Ray Sibert or any person who works for Ray Sibert or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Your Privacy Rights with Ray Sibert

- You can look at or get a copy of the PHI that we have about you. There are some reasons we will not let you see or get a copy of your PHI, and if we deny your requests, we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your PHI instead of a copy. If you want a summary or a copy of your PHI, you may have to pay a reasonable fee for it.
- You can ask us to correct information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information.
- You can get a list of the disclosures of your PHI that we made to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
- You can ask us to limit some of the ways we use or share your PHI. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.
- You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable.
- You can get a copy of this notice any time you ask for it.

Treatment, Payment, and Health Care Operations

We may use or disclose your health information to provide care to you, to obtain payment for that care or for record review requests from insurance providers, Employee Assistance Programs (EAPs), or for our own health care operations.

Unless you are receiving treatment for alcohol or drug abuse, Ray Sibert, LPC-S is permitted to use or disclose your health information without your permission for the following purposes. These are the limits of and guidelines of patient confidentiality.

- ✧ **When required by law.** We may use or disclose your PHI as required by the state or federal authority.
- ✧ **To report suspected child abuse or neglect.** We may disclose your PHI to a government authority, if necessary, to report abuse or neglect of a child.
- ✧ **To address a serious threat to health or safety.** We may use or disclose your PHI to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.
- ✧ **To a government authority if it is reported that you are a victim of abuse.** We may disclose your PHI to a person legally authorized to investigate a report that you have been abused, neglected or have been denied your rights.
- ✧ **For public health and health oversight activities.** We will disclose your PHI when we are required to collect information about disease, or injury for public health investigations, or to report vital statistics.
- ✧ **For purposes relating to death.** If you die, we may disclose PHI about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. We may also disclose information about you for burial purposes, including grave marker inscription, unless you tell us not to.
- ✧ **If you are in the criminal justice system.** We may disclose your PHI to other state agencies involved in your treatment, rehabilitation or supervision.

- ✧ **To your legally authorized representative (LAR).** We may share your PHI with a person the law allows to represent your interests.
- ✧ **In judicial and administrative proceedings.** We may disclose your PHI in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your PHI are:
 - **Commitment proceedings** for involuntary commitment for court-ordered treatment or services
 - **Court-ordered examinations** for a mental or emotional condition or disorder
 - **Proceedings regarding abuse or neglect** of a resident of an institution
 - **License revocation proceedings** against a doctor or other professional
- ✧ **For national security.** We will disclose your PHI, if necessary, for national security and intelligence activities, and to protect the president of the United States.
- ✧ **To the Secretary of Health and Human Services.** We must disclose your PHI to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

Ray Sibert, LPC-S may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- ✧ Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2 Subpart E;
- ✧ To medical personnel in a medical emergency;
- ✧ To report suspected child abuse or neglect
- ✧ To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services, as allow by law, to investigate a report that you have been abused or have been denied your rights.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse client.

Complaint Process

If you believe that your privacy rights have been violated, you have the right to file a complaint. You may complain by contacting:

Attn: Ray Sibert, M.MFT, LPC-S
Light at the End of the Tunnel
8700 Manchaca Road, Suite 306
Austin, TX 78748
(512) 468-2365

Region VI, Office for Civil Rights
US Dept of Health and Human Services
1301 Young Street, Ste 1169
Dallas, Texas 75202
(214) 767-4056
(214) 737-8940 (TDD)
(800) 368-1019 (toll free OCR hotline)

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights. For complaints against alcohol or drug abuse treatment providers, contact the US Attorney's Office for the judicial district in which the violation occurred. To locate the office, consult the blue pages in your telephone book. **Ray Sibert, LPC-S will not retaliate against you if you file a complaint.**

If you have any questions about this document, please ask Ray Sibert, LPC-S. A second copy or the electronic form of this document is provided for your records.

By signing this I agree that I have read and understand this Notice of Privacy Practices.

Print Name: _____ Signature: _____ Date: _____