



Master Peace Christian Counseling
7131 Colleyville Blvd. #102, Colleyville TX 76034

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you (as a client of a therapist in this group) may be used and disclosed, and how you can get access to your individually identifiable health information.

PLEASE READ THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

The Association of Master Peace Christian Counseling (MPCC) is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligation concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by your therapist. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that your therapist has created or maintained in the past, and for any of your records that he or she may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Office Manager or Director
7131 Colleyville Blvd. #102,
Colleyville, TX 76034
817-281-3000

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHA) IN THE FOLLOWING WAYS:

a. Treatment. Your therapist may use your IIHI to treat you. For example, we may ask you to consult a physician, who may, in turn, request you to have laboratory tests. We may use the results of the physician's records to help us reach a diagnosis. We might use your IIHI in order to communicate with

your physician about your treatment plan. Your therapist may use or disclose your IIHI in order to counsel you or to assist your physician in his or her treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents.

b. Payment. Your therapist may use and disclose your IIHI in order to assist you as you file your insurance or managed care forms for the services and items you may receive from us. For example, in assisting you with your filing, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your counseling. We also may use and disclose your IIHI to help you obtain payment from third parties who may assume responsibility for such costs, such as family members, referring churches or agencies. Also, we may use your IIHI to bill you directly for services and items.

c. Health Care Operations. Your therapist may use and disclose your IIHI to operate his or her business. As examples of the ways in which he or she may use and disclose your information for our operations, Master Peace Christian Counseling may use your IIHI to evaluate the quality of care you received from your therapist, or to conduct cost-management and business planning activities for the practice.

d. Appointment Reminders. Your therapist or an employee of the Association may use and disclose your IIHI to contact you to remind you of an appointment.

e. Treatment Options. Your therapist may use and disclose your IIHI to inform you of potential treatment options or alternatives.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES. The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

a. Public Health Risks. Your therapist may disclose your IIHI to public health authorities that are authorized by law to collect information for the purposes of:

- i. Maintaining vital records, such as births and deaths
- ii. Reporting child abuse or neglect
- iii. Preventing or controlling disease, injury or disability
- iv. Notifying a person regarding potential exposure to a communicable disease
- v. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- vi. Reporting reactions to drugs or problems with products or devices
- vii. Notifying individuals if a product or device they may be using has been recalled
- viii. Notifying appropriate governmental agency(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- ix. Notifying your employer under limited circumstances related primarily to workplace injuries or illness or medical surveillance.

b. Health Oversight Activities. Your therapist may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure or disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

c. Lawsuits and Similar Proceedings. Your therapist may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar action. He or she may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

d. Law Enforcement. Your therapist may release your IIHI if asked to do so by a law enforcement official:

- i. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- ii. Concerning a death we believe has resulted from criminal conduct

- iii. Regarding criminal conduct at our office
- iv. In response to a warrant, summons, court order, subpoena or similar legal process
- v. To identify / locate a suspect, material witness, fugitive, or missing person
- vi. In an emergency, to report a crime (including the location or victim[s]) of the crime, or the description, identity or location of the perpetrator.

e. **Serious Threat to Health or Safety.** Your therapist may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, your therapist will only make disclosures to a person or organization able to help prevent the threat.

f. **Military.** Your therapist may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

g. **National Security.** Your therapist may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to deferral officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

h. **Inmates.** Your therapist may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- i. For the institution to provide health care services to you,
- ii. For the safety and security of the institution, and or
- iii. To protect your health and safety of the health and safety of other individuals.

i. **Worker's Compensation.** Your therapist may release your IIHI for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that your therapist maintains about you:

a. **Confidential Communications.** You have the right to request that our therapist communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a special type of confidential communication, you must make a written request to your therapist or to the office manager or Director, 7131 Colleyville Blvd, Suite 102, Colleyville, TX 76034, or by telephone at 817-281-3000, specifying the method of contact, or the location where you wish to be contacted. Your therapist and the practice will accommodate reasonable requests. You do not need to give a reason for your request.

b. **Requesting Restrictions.** You have the right to request a restriction in your therapist's use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that your therapist restrict his or her disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members or friends. **Your therapist and the office are not required to agree to your request;** however, if we do agree, we are bound by law by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to your therapist, the office manager, or Director, 7131 Colleyville Blvd., Colleyville, TX 76034, 817-281-3000. Your request must describe in a clear and concise fashion:

- i. **The information you wish restricted**
- ii. **Whether you are requesting to limit your therapist's use, disclosure, or both, and**
- iii. **To whom you want the limits to apply.**

c. **Inspection and copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including billing information, but not including client psychotherapy notes. You must submit your request in writing to your therapist, the office manager, or Director 3171 Colleyville Blvd. Suite 102, Colleyville, TX 76034, or by telephone at 817-281-3000 in order to inspect and / or obtain a copy of our IIHI. Your therapist may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Your therapist may deny your request to inspect and / or copy in certain limited circumstances; however, you may request a review of his or her denial. Another licensed health care professional chosen by us will conduct reviews.

d. **Amendment.** You may ask your therapist to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for his or her practice. To request an amendment, your request must be made in writing and submitted to

your therapist, office manager, or Director, 7131 Colleyville Blvd. Suite 102, Colleyville, TX 76034 or by telephone at 817-281-3000. You must provide your therapist or the office with a reason that supports your request for an amendment. Your therapist will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, your therapist may deny your request if you ask him or her to amend information that is, in his or her opinion:

- i. Accurate and complete
- ii. Not part of the IIHI kept by or for his or her practice
- iii. Not part of the IIHI which you would be permitted to inspect and copy
- iv. Not created by your therapist, unless the individual or entity that created the information is not available to amend the information.

e. Accounting of Disclosures. All of our clients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures your therapist may have made of your IIHI for non-treatment or operations purposes. Use of your IIHI as a part of the routine client care of therapists at Master Peace Christian Counseling is not required to be documented. An example of this is the therapist sharing information with the receptionist for scheduling purposes. In order to obtain an accounting of disclosures, you must submit your request in writing to the office manager or Director at 7131 Colleyville Blvd, Suite 102, Colleyville, TX 76034 or by telephone at 817-281-3000. All requests for an “accounting of disclosures” must state the time period, which may not be longer than (6) six years from the date of disclosure and may not include dates before May 27, 2024. The first list you request within a 12-month period is free of charge, but your therapist may charge you for additional lists within the same 12-month period. Your therapist will notify you of the costs involved with additional requests before you incur any costs.

f. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact your therapist, the office manager, or Director at 7131 Colleyville, TX 76034 or by telephone at 817-281-3000.

g. Right to File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact the Director 7131 Colleyville Blvd Suite 102, Colleyville, TX 76034 or by telephone at 817-281-3000. All complaints must be in writing. You will not be penalized for filing a complaint. To file a complaint with the State, please contact Texas State Board of Examiners of Professional Counselors at 3183 George H.W. Bush State Office Bldg., 1801 Congress Ave., Ste. 7.300, Austin, Texas 78701, or call the LPC Board office at 1-800-821-3205.

h. Right to Provide an Authorization for Other Uses and Disclosures. Master Peace Christian Counseling will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time IN WRITING. After you revoke your authorization, we will no longer use your IIHI for the reasons described in the authorization. Please note, we are required to retain records for your care.

Again, if you have any questions regarding this notice or our health information privacy practice policies, please discuss them with your therapist, or submit them in writing to the office manager or Director at 7131 Colleyville Blvd Suite 102, Colleyville, TX 76034 or by telephone at 817-281-3000.



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**ACKNOWLEDGEMENT OF REVIEW OF
NOTICE OF PRIVACY PRACTICES**

I have reviewed this office's Notice of Privacy Practices, which explains how my counseling information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Client or Personal Representative

Date

Name of Client or Personal Representative

Description of Personal Representative's Authority