

- ❖ The benefits you receive from counseling depend upon your attendance. Therefore, if you are absent two weeks in a row, your name will be placed at the end of the clinic's waiting list.
- ❖ If you wish to reach your counselor between sessions, you may leave messages or communicate electronically with the counselor. If you experience mental health crisis, you will need to obtain clinical services from the list provided to you of crisis telephone numbers or by going to a nearby hospital emergency room.
- ❖ The clinic operates according to a set fee schedule. You will be expected to pay for services at the end of each counseling session. If your fee represents a hardship for you, please notify your counselor who will work with you to locate you another resource for counseling. C.B.B.T. does not file for reimbursement from health insurance companies.
- ❖ In case of secrets revealed during family or couple counseling, information will be kept confidential without another family member's knowledge (unless it involves one or more of the exceptions mentioned under the *Uses and Disclosure With Neither Consent Nor Authorization*). However, open communication is encouraged among family members and couples, and counseling will be terminated if secrets are judged to be detrimental to therapeutic progress. By signing this Informed Consent, clients involved in couple and family counseling consent for one file to be maintained for all joint sessions which any family/couple member may access or obtain copies of at any time.
- ❖ The clinic reserves the right to postpone or terminate counseling with you in any of the following circumstances: a) if you come to session under the influence of drugs or alcohol; b) if you do not comply with the medication recommendations of your psychiatrist or physician; c) if your counselor believes that you are not benefiting from counseling; d) if your counselor is impaired in providing competent counseling to you; e) if in couple counseling, your counselor learns that you are abusing your partner. In the case of group counseling, group entry may be denied to anyone considered inappropriate for the group or termination may be enacted for anyone whose behavior is considered detrimental to the group.

Other Restrictions:

- ❖ C.B.B.T. must also conform to Federal Regulations (42CFR,Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.

VI. Changes to this Notice

C.B.B.T. reserves the right to change our privacy practices and terms of this notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and new terms of our notice effective for all mental health information that we maintain, including mental health information we created or received before we made the changes. Before we make such changes, we will update this notice and post the changes in the waiting room of the facility. You may request a copy of the notice at any time.

VII. Questions and Complaints

For questions regarding this notice or our privacy practices, please contact the C.B.B.T. Privacy Officer, Rusty Lozano.

If you are concerned that your privacy rights may have been violated, you may contact the individual listed below to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request.

If you choose to make a complaint with us or the Texas Department of Health and Human Services, we will not retaliate in any way.

Rusty Lozano M.Ed LPC BCIA-C IM-C
469-358-1309



Center for Biofeedback and Behavior Therapy

15028 Beltway Dr. • Addison, TX 75001

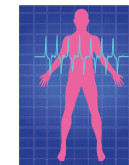
Local: (469) 358-1309 • Fax: (972) 386-6700

www.onlinebiofeedback.com

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Welcome to the Center for Biofeedback and Behavior Therapy (C.B.B.T). The following notice is an introduction to your rights and responsibilities as a client at the clinic. C.B.B.T. provides counseling, consultation, biofeedback, and other technology assisted therapies to schools and to the community. All counseling is facilitated by counseling professionals who are licensed and certified in their field of specialty.



Center for Biofeedback and Behavior Therapy

15028 Beltway Dr. • Addison, TX 75001

Local: (469) 358-1309 • Fax: (972) 386-6700

www.onlinebiofeedback.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice also serves to obtain your consent for clinical policies and procedures. Please review it carefully.

C.B.B.T. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at C.B.B.T., please contact Rusty Lozano, (469) 358-1309.

Effective April 14, 2003:

I. How We Protect Your Health Information

We protect your health information by:

- ❖ Treating all of your health information that we collect as confidential.
- ❖ Stating confidentiality policies and practices in our clinic staff handbooks, as well as disciplinary measures for privacy violations.
- ❖ Restricting access to your health information only to those clinical staff that need to know your health information in order to provide our services to you.
- ❖ Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

II. Conditions That Require Release of Health Information

C.B.B.T. maintains records of client health information in a confidential file system. The client files remain the property of the C.B.B.T. but the information belongs to you. C.B.B.T. protects the privacy of your health information.

Uses and Disclosures Requiring Authorization

C.B.B.T. may use or disclose mental health information outside treatment or healthcare 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 C.B.B.T. is asked for your private information, we will obtain a written authorization from you before releasing this information. You may revoke such authorizations at any time provided each revocation is in writing.

Uses and Disclosures With Neither Consent Nor Authorization

C.B.B.T. may use or disclose your mental health information without your consent or authorization in the following circumstances:

- ❖ Abuse – If we have reason to believe that a minor child, elderly person, or person with a disability has been abused, abandoned, or neglected, the C.B.B.T. must report this concern or observations related to these conditions or circumstances to the appropriate authorities.
- ❖ Health Oversight Activities – If the Texas State Board of Examiners of Professional Counselors is investigating a clinician that you have filed a formal complaint against, the clinic may be required to disclose protected health information regarding your case.
- ❖ Judicial and Administrative Proceedings as Required – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a clinician-client privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. C.B.B.T. will not release your information without attempting to notify you or your legally appointed representative.
- ❖ Professional Harm – If you disclose sexual contact with another mental health professional with whom you have had a professional relationship, we are required to report this violation to the licensing board. You have the right to anonymity in the filing of the report.
- ❖ Serious Threat To Health or Safety – If you communicate to clinic personnel an explicit threat of imminent serious physical harm to yourself or others and we believe you may act on that threat, we have a legal duty to take the appropriate measures, including disclosing information to the police. In both cases, we

will disclose only what we feel is the minimal amount of information necessary.

- ❖ National Security – We may be required to disclose to military authorities the health information of armed forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may be required to disclose mental health information to a correctional institution or law enforcement official having lawful custody of protected mental health information of an inmate or client under certain circumstances.

III. Client's Rights and Counselor's Duties

- ❖ Rights to Request Restrictions - You have the right to request additional restrictions on certain uses and disclosures of protected health information. The clinic may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.
- ❖ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of mental health information by alternative means and at alternative locations. (For example, you may not want a family member to know you are being seen at the clinic. On your request, the clinic will send your information to another address.)
- ❖ Right to Inspect and Copy – You have the right to inspect or obtain a copy of your clinical records. A reasonable fee may be charged for copying. Access to your records may be limited or denied under certain circumstances, but in most cases, you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.
- ❖ Right to Amend – You have the right to request in writing an amendment of your health information for as long as the mental health information records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be

provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.

- ❖ Right to an Accounting – You generally have the right to receive an accounting of disclosures of mental health information. If your mental health information is disclosed for any reason other than treatment or health operations, you have the right to an accounting for each disclosure of the previous six (6) years, but the request cannot include dates before April 14, 2003. The accounting will include the date, name of person, or entity, description of the information disclosed the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- ❖ Electronic Information C.B.B.T. does not allow the distribution of client information through electronic means. Requests for client mental health information are honored through phone and postal mail communication only.

IV. C.B.B.T. Duties:

- ❖ C.B.B.T. is required by law to maintain the privacy of mental health information and to provide you with a notice of legal duties and privacy practices.
- ❖ C.B.B.T. reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, the clinic is required to abide by the terms currently in effect.

V. C.B.B.T. Procedures:

- ❖ The clinic operates only during limited hours that do not include overnights, full weekends, or holidays. Counseling sessions are limited to pre-arranged times set between the counselor and client.