



**THRIVE**  
COUNSELING & WELLNESS

## **NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS**

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

I only release health information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes policies relating to the use and disclosure of your healthcare information. Use and disclosure of protected health information for the purposes of providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes:

- Treatment is when I provide, coordinate, or manage your health care and other services by one or more health care providers related to your health care. For example, I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- Payment means such activities as obtaining, reimbursement of services, confirming coverage, billing or collection activities and utilization review. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- Health Care Operations includes the business aspects of running my practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

### **Other Uses and Disclosures without Your Consent**

- Child Abuse - If I have reasonable cause to believe a child may be abused or neglected, I must report this to the appropriate authorities.
- Elder or Disabled Adult Abuse - If I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the proper authorities.
- Health Oversight Activities - I may disclose your health information to a health oversight agency for oversight activities authorized by law, including licensure, or disciplinary actions.
- Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order.
- Serious Threat to Health or Safety - If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is a clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- Worker’s Compensation - I may disclose health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.



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## SPECIAL AUTHORIZATIONS

Certain categories of information have extra protection by law, and thus require special written authorization for disclosures.

- **Psychotherapy Notes** - I will obtain a special authorization before releasing your psychotherapy notes.
- **HIV Information** - Special legal protections apply to HIV/ AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- **Alcohol and Drug Information** - Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and /or drug use/treatment.

## CLIENT'S RIGHTS

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses/disclosures of health information, including those related to disclosures to family members, other relatives, and close personal friends, or any other person identified by you. I am, however not required to agree to a requested restriction.
- **Right to Receive Confidential Communications by Alternative Means** - You have the right to request and receive confidential communications by alternative means and 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 Inspect and Copy** - You have the right to inspect or obtain a copy of your health records as these records are maintained. In such cases I will discuss with you the process involved.
- **Right to Amend** - You have the right to request an amendment of your health information for as long as it is maintained in the record. All requests must be made in writing.
- **Right to an Accounting** - You have a right to receive an accounting of all disclosures of health information.
- **Right to a Paper Copy** - You have the right to obtain a paper copy of the Notice of Privacy Practices from me upon request.
- **Right to Know my Qualifications** - You are entitled to ask me what my training is, where I received it, my professional competencies, experience, education, biases or attitudes, and any other relevant information that may be important to you in the provision of services. You have the right to expect that I have met the minimum qualifications of training and experience required by state law and to examine public records maintained by the Texas State Board of Examiners of Professional Counselors which are the licensure boards that regulate my practice.
- **Right to Refuse Services** - You have the right to consent to or refuse recommended services. As stated in the limitations of confidentiality, if in my clinical judgment I conclude that failure to act immediately could jeopardize your health, emergency service providers may need to be contacted.
- **Right to Voice Grievances** - You have the right to voice grievances and request changes in your counseling plan without restraint, interference, coercion, discrimination or reprisal. You have a right to file a written complaint about my services to: Texas State Board of Examiners of Professional Counselors, Complaints, P.O. Box 141369, Austin, Texas 78714-1369
- **Referral Rights** - You have the right to not be referred or terminated without explanation and notice. You have the right to active assistance from me in referring you to other appropriate services.
- **Minor's Right to Privacy** - All non-emancipated minor clients under the age of 18 must have the consent of their parents or guardians following an initial intake session to receive further treatment services. State law provides that minors have the right to request that their records be withheld from their parents or guardians.

This notice is effective as of January 1, 2019 and I am required to abide by the terms of the Notice of Privacy Practices currently in effect. I reserve the right to change the terms of the Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that I maintain. I will post such notices and you may request a written copy of a revised Notice of Privacy Practices from this office.



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## **NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS**

**Privacy Officer Name/Address:**

Lydia Kasmoch MA, LPC, Registered Play Therapist  
710 N Campbell St.  
El Paso, Texas 79902  
Office: (915)-999-9540

**For Additional Information:**

The U. S. Dept. of Health & Human Services  
Office of Civil Rights  
2000 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free: (1-877-696-6775)