



Leah McNulty, LCSW

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Please read this document in full prior to signing as we will review it in your initial session.

NOTICE OF PRIVACY PRACTICES

Privacy practices and patient (client) rights are an integral part of the foundation of mental health practice. Federal and state laws, as well as professional ethics, govern and ensure that the client's private information is secured and protected under the law. I am required to tell you about privacy because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep Protected Health Information (PHI) private and give you a notice about legal duties and privacy practices.

This form is an agreement between you and Leah McNulty, LCSW. When I use the words "you" and "your" below, this can mean you, your child, a relative, or some other person for whom you are consenting. When I use the words "I," "me" or "my" below, I am referring to myself, Leah McNulty. *If you do not sign this form agreeing to my privacy practices, I cannot work with you.* In the future, I may change how I use and share your information, and so I may change my notice of privacy practices. If I do change it, you will be able to obtain a copy from my office or access a copy through the Client Portal.

Each time you visit me or any other health-care provider's office, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, the tests and treatments you received from me or others, or about payment for health care. The information I collect from you is called PHI, which stands for Protected Health Information. This information goes into a personal record I keep to maintain our therapeutic relationship. In this office, your PHI is likely to include information such as personal history, reasons you came in for treatment, clinical diagnoses, treatment plans, and progress notes.

Although health care records in my office (physically in file cabinets or electronically stored records on the Simple Practice Encrypted Server and Headway for clients using insurance) are my physical property, the information belongs to you. If you would like a copy, I can make one for you (charges may apply to cover the cost of copying and mailing records). In some very rare situations, you cannot see all of what is in my records. If you find anything in my records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information) to my records. In some rare situations, I do not have to agree to amend.

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the minimum necessary. The law gives you rights to know about your PHI, how it is used, and how it is shared.

Uses of PHI:

For treatment: I use medical information to provide you with psychological treatments or services. These might include individual or family therapy, psychological screenings, treatment planning, or measuring benefits of my services. With your written consent, I may share PHI with others who provide treatment to you, such as your personal physician. Personally, I also request to share some relevant PHI with clinical colleagues for the purpose of providing quality of care to each client.

For payment: I may use your PHI to bill you, such as utilizing online billing services or depositing checks. Should private pay clients choose to seek out-of-network benefits, their insurance company may contact me for information such as diagnosis, progress, and service dates. For all clients using insurance, both Headway (insurance billing portal) and their respective insurance company will have access to information such as diagnosis, progress, and service dates.

Appointment scheduling and Reminders: I may use or disclose your PHI to reschedule or remind you of appointments by phone or email. If you want me to call or write to you only at home or work, or you prefer some other way to reach you, I can usually arrange that. The appointment software I use is embedded in the HIPAA-compliant EHR System, Simple Practice.

If I want to use your PHI for any other purpose than what is described above, I will need your written permission on an authorization form (also called a Consent for Communication). Examples included consenting to communicate with a physician, teacher, or other treatment providers. You may cancel written Consent for Communication forms at any time in writing and I will cease to disclose and use your PHI.

Uses and Disclosures of PHI that DO NOT Require Authorization - Limits to Confidentiality:

The law requires that mental health professionals use and disclose some of your PHI without consent or authorization under certain circumstances. These limits to confidentiality include:

- If there is *any suspicion* of abuse or neglect I am legally required to report these suspicions. If a minor discloses to me that they have been physically or sexually abused, or know of someone who has been physically or sexually abused, I am required to notify Child Protective Services within 24 hours. Likewise, I am required to notify Adult Protective Services of any suspicion of abuse or neglect of an elderly person.
- To prevent a serious threat to your health or safety - for example, if I come to believe that there is a serious threat to your health or safety during our session, I can disclose some of your PHI to contact emergency personnel or any designated emergency contact you provide at the beginning of services.

- In the event of Clinician death or incapacitation - your PHI may be disclosed to a designated third party Clinician in the event that the Clinician becomes incapacitated or deceased in order to notify you, provide referrals, and ensure you receive a copy of your records should you desire one.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process
- If I have to disclose some information to government agencies that audit and ensure I am obeying the privacy laws
- Information requested by insurance companies. I may use and disclose some of your PHI should you choose to use out-of-network or in-network insurance.
- Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- I may also keep records of any disclosures I have made with your PHI, such as whom I sent it to, when it was sent, and what exactly was sent. You can get an accounting (list) of many of these disclosures if desired.

Confidentiality and Minors:

Children under the age of 18 are considered minors in the state of Texas and cannot legally consent to therapy. Parents or legal guardians of minors have a right to their child's PHI at any time. There are times, however, when it may be in the best interest of the minor that discussions in therapy be kept confidential between the client and therapist. This is extremely important in cases with adolescents. When an adolescent client has the freedom of confidentiality in therapy, the therapeutic relationship is strengthened, and they are confident to disclose personal information that may assist them in achieving their personal goals. If there is something that I feel you (as a parent or guardian) need to be made aware of, I will first talk with the adolescent about how they would like the information to be shared with you. For example, I may provide them with a choice to tell you the issue independently, have me share the information with you, or have both of us share with you together.

Questions and Complaints:

If you have any questions or concerns about the content stated in this notice, please contact me directly at 832-963-0541 so I can provide clarification. If at any time you feel that your privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. Any violation of a Licensed Clinical Social Worker should be reported to the Texas State Board of Social Worker Examiners (TSBSWE) located in Austin, Texas (1800-232-3162). My license information is: Leah McNulty, Licensed Clinical Social Worker (LCSW), TX#64355.

By signing this form, I certify:

- That I have read or had this form read and/or explained to me.
- That I fully understand its contents.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Clinician

Signature of Clinician

Date