

**Teresa White Counseling Service  
DBA Teresa White, LPC  
1404 Southern Hills Dr Ctr  
PMB# 400  
West Plains, Missouri 65775  
945-329-7170**

**HIPAA and  
PRIVACY POLICY**

This notice describes how psychological and medical information about you (and your child, if your child is the patient) may be used and disclosed and how you can get access to this information. Please review it carefully. This form is valid for one year from the date indicated on the form. Renewal/recertification is required annually.

**BACKGROUND:** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by Congress to help protect health coverage for workers and their families. It also addresses electronic transaction standards and the need to ensure the security and privacy of health data. I am required by law to maintain the privacy of protected health information and must inform you of our privacy practices and legal duties. The security and privacy of your protected health information is the subject of this Privacy Notice.

**I. Use and Disclosure of Your Protected Health Information for Treatment, Payment, and Health Care Operations**

I may use or disclose information in your records for treatment, payment, and health care operations purposes with your consent. Personal health information (PHI) refers to information in a patient's health record that could identify that patient. Use of this information refers only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Disclosure of information refers to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties. Throughout this notice, the term "you" may refer to the individual who is the client or the individual's parent, legal guardian or adult who has been legally determined to be responsible for the patient.

In providing for your treatment, I may use or disclose information in your record to help you obtain health care services from another provider, or to assist us in providing for your care. For example, I might consult with another health care provider, such as your child's medical practitioner or other referring physician, and/or another psychologist.

To obtain payment for services, I may use or disclose information from your record, with your consent. For example, I may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

I also may use or disclose information from your record to allow health care operations (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination).

## **II. Use and Disclosure Requiring Authorization**

Except as described in this notice, I may not make any use or disclosure of information from your record for purposes outside of treatment, payment, and health care operations unless you give your written authorization. I will need to secure an authorization before releasing psychotherapy notes which I will keep separate from the rest of your treatment records. These are notes I make about our conversations during evaluation and treatment sessions.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by me or a therapist or parties working for me prior to the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

## **III. Use and Disclosure without Consent or Authorization**

There are certain circumstances, listed below, in which I am allowed (or, in some cases, required) to use or disclose information from your record without your permission:

- **Child Abuse:** If there is known, or if there is reasonable cause to suspect, that a child is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, federal and all state laws require that the treating practitioner report such knowledge or suspicion to Child and Family Services in the county of residence, Law enforcement, or appropriate governmental agency. If it is known, or if there is reasonable cause to suspect, that a child has been abused by a non-caretaker, the law also requires that the treating practitioner report to the appropriate Child and Family Services Agency, which may be required to submit the report to Law enforcement or other governmental agencies.
- **Adult and Domestic Abuse:** If it is known, or if there is reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, the treating practitioner is required by federal and all state laws to report such knowledge or suspicion to the Central Abuse Hotline, local Law enforcement, or appropriate governmental agency.
- **Health Oversight:** If a complaint is filed against me with a state's oversight board that agency has the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** PHI is protected and privileged by federal law every state. If you are involved in a court proceeding and a request is made for your records, I will not release your information without the written authorization of you or your legal representative, or upon a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena, or a court order. The privilege does not apply if you are being evaluated for a third party, or if the evaluation is court-ordered, or in certain other limited instances. You will be informed in advance if this

is the case (fees apply for my services, see my fee schedule).

- **Serious Threat to Health or Safety:** If you/your child (whomever is the identified client) presents a clear and immediate probability of physical harm to him or herself, to other individuals, or to society, the treating practitioner is required to communicate relevant information concerning this to the potential victim, appropriate family member, and/or Law enforcement authorities.
- **Workers' Compensation:** If you file a workers' compensation claim, I may disclose information from your record as authorized by workers' compensation laws.

#### **IV. Patient's Rights and Practitioner's Duties**

##### **Patient's Rights:**

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI. This request may or may not be honored and will be at the discretion of the treating practitioner.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request to have confidential communications of PHI delivered by alternative means and/or at alternative locations. (For example, you may not want a family member to know that you/your child is being seen. Upon your request, you may arrange that written material be sent to another address).
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI from treatment notes and/or billing records used to make decisions about you for as long as the PHI is maintained in the record (as per state records retention laws), given your written request. This is subject to certain limitations and fees (see my fee schedule). Upon request, I will discuss with you the details of the request process. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards (5 years in Missouri from the date of the record, 18 months for financial records).
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be in writing, and I reserve the right to deny your request.
- **Right to an Accounting:** You have the right to request an accounting of certain disclosures made by me. Upon request, the details of the accounting process will be discussed with you unless under seal by a lawful court or investigative body.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this information upon request, even if you have agreed to receive the notice electronically. I am allowed by law to apply certain limitations and fees.

## **Practitioner's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I make significant revisions to the policies and procedures which might affect the privacy of your PHI, I will provide you with a copy of those revisions. If you are still in treatment, you will be provided with a copy of the revisions in the manner permitted by law, generally by hand delivery at your next appointment. As needed, former patients may be mailed a copy of significant revisions to the most recent mailing address on file. Updated notices of my privacy policies will always be available for review upon request.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision that has been made about access to your records, or have other concerns about your privacy rights, please discuss this with me. It is also recommended that such inquiries be done in writing and mailed to my office address (Teresa White, LPC, 1404 Southern Hills Dr Ctr, PMB#400, West Plains, MO 65775) for record-keeping purposes.

If you believe that your privacy rights have been violated and wish to file a complaint against me, you may send a written complaint to my office address. You may also make a formal ethics complaint to the state licensing board in your state of residence.

You have specific rights under the Privacy Rule. There will not be retaliation against you for exercising your right to file a complaint, in accordance with the provisions of applicable law.

## **VI. Effective Date, Restrictions and Changes to Privacy Policy**

Restriction: In the case of a minor child/adolescent, legal guardian, or individual under the care of a legal representative this individual has the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about the individual for as long as the PHI is maintained in the record. However, psychotherapy notes including statements made by such an individual during therapy sessions will not be released and are considered privileged and protection information by law, to protect that individual's right to confidentiality. I will only release privileged information as required by law.

Restriction: In most cases, I am also prohibited by law from disclosing raw psychological test data and test materials to anyone other than to licensed psychologists qualified to interpret such data.

These HIPAA policies are in effect as of October 1, 2023. A copy is on file in this office and may be accessed at any time.

I acknowledge that I have read, understand, and have received a copy the provisions of this policy.

\_\_\_\_\_  
(Name: Please Print)

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(If a minor or ward, please print the name of the minor/ward and your name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**For Office Use Only**

I attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

1. Individual refused to sign.
2. Communication barriers prohibited obtaining the acknowledgement.
3. An emergency prevented us from obtaining acknowledgement.
4. Other (please specify)

Date:

Signature: