



KEVIN S. WEATHERLY Ph.D.

LICENSED PSYCHOLOGIST

5604 Wesley St. #104, Greenville, TX 75402

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PRIVACY ACT: TEXAS NOTICE FORM

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Weatherly and staff may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- *“*PHI”* refers to information in your health record that could identify you.
- *“Treatment, Payment and Health Care Operations”*
 - **Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another psychologist.
 - **Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - **Health Care Operations* are activities that relate to the performance and operation of my practice. Healthcare operations include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *“Use”* applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose your PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. When I am asked for information for purposes outside of treatment, payment, and healthcare operations, I will obtain your authorization before releasing this information. I will also need to get approval before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group,



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joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

****Child Abuse:** ****If I have cause to believe that any child has been, or may be, abused, neglected, or sexually abused, I must report my concerns within 48 hours to the Texas Department of Family Services or law enforcement if appropriate.**

****Adult and Domestic Abuse:** ****If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.**

****Health Oversight:** ****If a complaint is filed against me with the Texas State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information relevant to that complaint. Client permission is not required for such disclosure of PHI.**

• Judicial or Administrative Proceedings: **If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when a third party is evaluating you or where the evaluation is court-ordered. You will be informed in advance if this is the case. **

****Serious Threat to Health or Safety:** ****If I determine imminent physical injury is probable by you to yourself or others, I may disclose relevant confidential mental health information to medical or law enforcement personnel.**

****Worker's Compensation:** ****If you file a worker's compensation claim, I may disclose your diagnosis and treatment records to your employer's insurance carrier.**

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

• *Right to Request Restrictions*** ****You have the right to request restrictions on specific uses and disclosures of protected health information about you. However, I am not required to agree to any condition you request.**



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- *****Right to Receive Confidential Communications by Alternative Means and at Alternative Locations *****— You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing me. Upon 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 (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but you may have this decision reviewed in some cases. I will discuss the details of the request and denial process with you at your request.
- *****Right to Amend *****You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. At your request, I will discuss with you the details of the amendment process.
- *****Right to an Accounting *****You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). At your request, I will discuss with you the details of the accounting process.
- *****Right to a Paper Copy *****You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the information electronically.

Dr. Weatherly's Duties:

- I am required by law to maintain PHI's privacy and provide you with a notice of my legal duties and privacy practices concerning PHI.
- I reserve the right to change the privacy policies and practices described in this notice. However, unless I notify you of such changes, I must abide by the terms currently in effect when you sign and acknowledge this notice.
- If I revise my policies and procedures, I will post such revisions to my website.

V. Questions and Complaints

If you have questions about this notice, disagree with my decision about access to your records, or have other concerns about your privacy rights, you may contact me at my business phone number, 903-883-7792. If you believe your privacy rights have been violated and wish to file a complaint with *me/my office*, please send your written complaint to me at 5604 Wesley St. #104, Greenville, TX 75402.

You may also send a written complaint to the Texas State Board of Examiners of Psychologists, 1801 Congress Ave., Ste. 7.300, Austin, Texas 78701, (512) 305-7700, or 800-821-3205. You have specific rights under the Privacy Rule. **I will not retaliate against you for exercising your right to file a complaint.**



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

This notice is in effect as of 09/02/2024.

I will limit my uses or disclosures as follows: if another agreement is reached by signature on any informed consent form or other legal documentation. I reserve the right to change this notice’s terms and make the new notice provisions effective for all protected health information I maintain. Suppose I am a defendant in a lawsuit initiated by you or another on your behalf. In that case, my attorney will have access to your protected health information to proceed in my defense.

Acknowledgment of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding using and disclosing your protected health information. By signing below, you acknowledge receiving a copy of this Notice of Privacy Practices.

Client/Guardian Signature _____ Date _____

Client Printed Name: _____