

EnGedi Life Care, PLLC
Pamela Bermender MA, LMFT, NCC

CLIENT RIGHTS AND HIPAA AUTHORIZATIONS

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 carefully.

ENGEDI LIFE CARE, PLLC (ELC) HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

ELC is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that ELC has created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care.

ELC must provide you with this Notice about ELC privacy practices, and such Notice must explain how, when, and why ELC will "use" and "disclose" your PHI. A "use" of PHI occurs when ELC shares, examines, utilizes, applies, or analyzes such information within this practice. PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of ELC practice.

With some exceptions, ELC may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. ELC is legally required to follow the privacy practices described in this Notice.

However, ELC reserves the right to change the terms of this Notice and the privacy policies at any time. Any changes will apply to PHI on file with ELC already. Before ELC makes any important changes to these policies, ELC will promptly change this Notice and post a new copy of it on the ELC website. You may also request a copy of this Notice from ELC, or you may view a copy of it in the office or at the ELC website.

HOW ELC MAY USE AND DISCLOSE YOUR PHI

ELC will use and disclose your PHI for various reasons. For some of these uses or disclosures, ELC will need your prior authorization, and for other uses or disclosures, ELC does not require prior authorization. Listed below are the different categories of uses and disclosures along with some examples of each category.

A. Certain Uses and Disclosures Do Not Require Your Consent. ELC can use and disclose your PHI without your consent or authorization for the following reasons:

1. For treatment. ELC can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask ELC not to, ELC may also contact you to remind you of an appointment or to

offer treatment alternatives or other health-related information that may interest you.

2. To obtain payment for treatment. ELC can use and disclose your PHI to bill and collect payment for the treatment and services provided by ELC to you. For example, ELC might send your PHI to your insurance company or health plan to be paid for the health care services that ELC has provided to you. ELC may also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process ELC health care claims.

3. For health care operations. ELC can disclose your PHI to operate ELC practice. For example, ELC might use your PHI to evaluate activities to improve services in the ELC practice; develop policies and procedures; and engage in business planning and management or general administration. ELC may also provide your PHI to accountants, attorneys, consultants, and others to make sure ELC is complying with applicable state and federal laws.

4. When disclosure is required by federal, state, or local law; judicial or administrative proceedings; or, law enforcement. ELC may make a disclosure to applicable officials when a law requires ELC to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.

5. To avoid harm. ELC may disclose your PHI to medical or law enforcement personnel if ELC determines there is a probability of imminent physical injury by you to yourself or to others.

6. For emergency treatment. ELC may make a disclosure if you need emergency treatment, as long as ELC tries to get your consent after treatment is rendered, or if ELC attempts to get your consent but you are unable to communicate. For example, if you are unconscious or in severe pain and an ELC therapist believes that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Require Your Prior Written Authorization. ELC must obtain your permission to disclose your PHI for the following reasons:

1. Health information exchanges. ELC may make your PHI available to other health care providers to coordinate care or services for your benefit.

2. Disclosures to family, friends, or others. ELC may provide your PHI to a family member, friend, or other

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person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergencies.

3. All other uses and disclosures require your prior written authorization. For any situation not previously described, ELC will ask for your written authorization before using or disclosing any of your PHI. When the therapy context involves more than one person (couple, family, group, etc.), a signed authorization is required from each person in the therapy context before ELC can release information (except as previously noted). If you give your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, ELC will not be liable for using or disclosing your health information before you revoked your permission. To revoke your permission, submit a written and signed request to: EnGedi Life Care, PLLC 1464 E Whitestone Blvd, Ste 202 Cedar Park, TX 78613.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. Right to access/copy/summary of PHI. In most cases, you have the right to look at or get copies or a summary of your PHI by making your request in writing to the ELC office. If approved, then ELC will respond within 15 days. In certain situations, ELC may deny your request, but ELC will tell you why and explain your right to have the denial reviewed.

B. Right to restrict use or disclosure. You have the right to request that ELC limit how your PHI is used and disclosed. ELC will consider your request, and ELC is not legally required to accept the request unless (1) The disclosure is to a health plan or other third-party payer for the purpose of payment for therapy services and (2) The information pertains solely to therapy services that have been paid in full out-of-pocket. If ELC accepts your request, ELC will put any limits in writing and abide by them except in emergencies. You may not limit the uses and disclosures that ELC is legally required or allowed to make.

C. Right to amend PHI. You have the right to request corrections or add missing information to your PHI if you

think there is a mistake in your records. ELC will not destroy or change the records, but ELC will add the corrected information and make a note in your records that you have provided the information.

D. Right to confidential communications. You have the right to request that ELC send information to you at an alternate address or by alternate means. ELC must agree with your request so long as ELC can easily provide the PHI to you in the format you requested.

E. Right to an accounting of disclosures. You have the right to get a list of instances in which ELC has disclosed your PHI in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave permission.

F. Right to file a complaint. You have the right to file a complaint (as indicated below) if you believe your privacy rights have been violated.

CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT ELC PRIVACY PRACTICES

If you have any questions about this Notice, please direct your inquiries to:

EnGedi Life Care, PLLC
3550 N Lakeline Blvd
Ste 170-1515
Leander, Texas 78641-3504
or phone or text 512-201-0741.

Effective 1 September 2020: The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology.

Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information.

EFFECTIVE DATE OF THIS NOTICE

15 Aug 2013.