

# TEXAS HIPAA NOTICE FORM

**Andrew Bingman Therapy, PLLC**

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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THIS INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY LAW.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, the Texas State Board of Examiners of Psychologists, and the APA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

## HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors. I may disclose PHI to any other consultant only with your authorization. I may also contact you to remind you of your

appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. If it becomes necessary to use collection processes due to a lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For health care operations. I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, licensing and conducting or arranging for other business activities. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required by law. Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law. These disclosures include but are not limited to the mandatory reporting of abuse or neglect of children, elders, and persons with disabilities; or mandatory government agency audits or investigations (such as the psychologist licensing board or the health department)
- Judicial or administrative proceedings. If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law and will not be released without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If, in my reasonable professional judgment, I believe that you pose a direct threat of imminent harm to the health and safety of any individual, including yourself, I may disclose PHI to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Health Oversight: If a complaint is filed against Andrew Bingman Therapy, PLLC with the Texas State Board of Examiners of Psychologists, the Board has the authority to subpoena confidential mental health information from Andrew Bingman Therapy, PLLC relevant to that complaint. If required, I may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.

- **Worker's Compensation.** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier or other relevant parties or officials.

**Verbal permission.** I may use or disclose your information to family members that you have directly involved in your treatment with me with your verbal permission. I will not disclose information to any family member that is not participating in treatment at your request without your written consent.

**With authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke.

#### YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me.

**Right of access to inspect and copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.

**Right to amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. I will document what you request as part of the record.

**Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to request restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

**Right to request confidential communication.** You have the right to request that I communicate with you about your treatment in a certain way or at a certain location. For example, you can tell me where and when I can call you to follow up on your progress, or to confirm or change an appointment, and where I should mail a bill or receipt.

**Right to a copy of this notice.** You have the right to a copy of this notice.

#### COMPLAINTS:

If you are concerned that Andrew Bingman Therapy, PLLC has violated your privacy rights, or you disagree with a decision that Andrew Bingman Therapy, PLLC made about access to your records, you may contact me by phone at (713) 510-3257 or by email at

[andrew@drbingman.com](mailto:andrew@drbingman.com)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775. It is your right to file a complaint if needed and there will be no retaliation for filing.