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## **TEXAS NOTICE FORM**

This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **1. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I 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 mental health care and other services related to your health care.
- Payment is when I obtain reimbursement for your healthcare.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples are assessment & testing, audits, scheduling, administrative services, case management, and care coordination.

“Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside my office such as releasing, transferring, or providing access to information about you to other parties.

### **2. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversations during a private, group, 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 your revocation is in writing. You may not revoke an authorization to the extent that 1) I have relied on that authorization; or 2) if 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.

### **3. Uses and Disclosures with Neither Consent or 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 a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services or to any local or state law enforcement agency.
- **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 Licensed Professional Counselors, they have the authority to subpoena confidential mental health information from me relevant to that complaint.
- **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 an 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 being court ordered. You will be informed in advance if this occurs.
- **Serious Threat to Health or Safety:** If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel or to a family member.

#### **Client Rights:**

- **You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not obligated to agree with the restriction.**
- **You have the right to receive confidential information by alternative means.**
- **You have the right to inspect and copy your PHI in my mental health and billing records. I may deny your access in certain situations. I will discuss with you the details of the denial for your request and you can have it reviewed in some cases.**
- **You have the right to request an amendment to your PHI for as long as I maintain your health record. I may deny your request.**
- **I have the right to change my policies regarding your PHI. If I do, I will notify you by mail of any changes.**