

**Institute for Couple and Family Enhancement**  
**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED BY YOUR THERAPIST, WHO IS AN INDEPENDENT CONTRACTOR FOR THE ICFE, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact Becky R. Davenport, Ph.D., LMFT, Owner and Director of the ICFE at (210) 602-1898 or [davenport@icfetx.com](mailto:davenport@icfetx.com), or your therapist at the number and email address he/she will provide on a business card. Contact information for all ICFE contract therapists is also available at [www.icfetx.com](http://www.icfetx.com).

**YOUR THERAPIST'S OBLIGATIONS:**

Your therapist is required by law to:

- Maintain the privacy of protected health information;
- Let you know promptly if a breach occurs that may have compromised the privacy or security of health information about you, including mental health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION:**

The following describes the ways your therapist may use and disclose health information that identifies you— protected health information (PHI). Although federal law allows for these disclosures without your written consent, ICFE therapists and contract therapists may comply with the more restrictive American Association for Marriage and Family Therapy Code of Ethics ([www.aamft.org](http://www.aamft.org)). Some ICFE Therapists are also subject to the American Counseling Association Code of Ethics ([www.counseling.org](http://www.counseling.org)). Therefore, your therapist will request written permission from you to share PHI with other health care providers, insurance companies. Except for the purposes described below, your therapist will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to your therapist.

***For Treatment.*** Your therapist may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, he/she may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

***For Payment.*** Your therapist may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, he/she may give your health plan information about you so that they will pay for your treatment.

**SPECIAL SITUATIONS:**

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Your therapist is allowed or required to share your information in other ways – usually in ways that contribute to public good, such as public health and research. Under these circumstances, written consent may not be required or even possible. Your therapist has to meet many conditions in the law before he/she can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

***As Required by Law.*** Your therapist will disclose PHI when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** Your therapist may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Child Abuse:*** If your therapist has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, he/she must make a report of such within 48 hours to the Texas Department of Family and Protective Services, the Texas Youth Commission, or to any local or state law enforcement agency.

***Adult or Domestic Abuse:*** If your therapist has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, he/she must immediately report such to the Department of Family and Protective Services.

***Business Associates.*** Your therapist may disclose PHI to business associates that perform functions on his/her behalf or provide him/her with services if the information is necessary for such functions or services. For example, your therapist may use another company to perform billing services or provide electronic health record services. All business associates are obligated to protect the privacy and security of your information and are not allowed to use or disclose any information other than as specified in a contract.

***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, your therapist may disclose PHI in response to a court or administrative order. He/she also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. For more information regarding the release of confidential information in Lawsuits and Disputes, see Texas Health and Safety Code Section 611.006 and Texas Rules of Evidence 510.

***Law Enforcement.*** Your therapist may release PHI if asked by a law enforcement official if the information is:

1. in response to a court order, subpoena, warrant, summons or similar process;
2. limited information to identify or locate a suspect, fugitive, material witness, or missing person;

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3. about the victim of a crime even if, under certain very limited circumstances, your therapist is unable to obtain the person's agreement;
4. about a death that is believed to possibly be the result of criminal conduct;
5. about criminal conduct on the premises of the ICFE office; and
6. in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

***Military and Veterans.*** If you are a member of the armed forces, your therapist may release PHI as required by military command authorities. He/she also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** Your therapist may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** Your therapist may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if your therapist believes a patient has been the victim of abuse, neglect or domestic violence. Your therapist will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities.*** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

***Data Breach Notification Purposes.*** Your therapist may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

***National Security and Intelligence Activities.*** Your therapist may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

***Protective Services for the President and Others.*** Your therapist may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

***Coroners, Medical Examiners and Funeral Directors.*** Your therapist may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person

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or determine the cause of death. Your therapist also may release PHI to funeral directors as necessary for their duties.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of your PHI; and
3. Mental and behavioral health records;
4. Records of drug, alcohol, or substance abuse treatment;
5. Records regarding HIV or AIDS diagnosis and treatment; and
6. Genetic information (including Genetic Tests).

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to your therapist will be made only with your written authorization. If you do give authorization, you may revoke it at any time by submitting a written revocation by mail to your therapist at 21015 Market Ridge, Suite 101, San Antonio, TX 78258 or by fax at (210) 496-0101 and he/she will no longer disclose PHI under the authorization. Disclosures that were made in reliance on your authorization before you revoked it will not be affected by the revocation.

**YOUR RIGHTS:**

You have the following rights regarding PHI your therapist has about you:

***Right to Inspect and Copy.*** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to your therapist at 21015 Market Ridge, Suite 101, San Antonio, TX 78258 or by fax at (210) 496-0101. Your therapist has up to 15 business days to make your PHI available to you and may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You will not be charged a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. Your therapist may deny your request in certain limited circumstances. If he/she does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request; your therapist will comply with the outcome of the review.

***Right to an Electronic Copy of Electronic Medical Records.*** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. Your therapist will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is

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not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. Your therapist may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record and for any media, such as flash drives or writable CDs, used to transmit your electronic medical record.

***Right to Get Notice of a Breach.*** You have the right to be notified upon a breach of any of your unsecured PHI.

***Right to Amend.*** If you feel that PHI your therapist has is incorrect or incomplete, you may ask him/her to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to ICFE Privacy Officer, 21015 Market Ridge, Suite 101, San Antonio, TX 78258 or by fax at (210) 496-0101. This request must include the reason that supports your request for an amendment. The ICFE and/or your therapist may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by our office, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by our office;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to ICFE Privacy Officer, 21015 Market Ridge, Suite 101, San Antonio, TX 78258 or by fax at (210) 496-0101. The request must state a time period, which may not be longer than 6 years. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the PHI used or disclosed by your therapist for treatment, payment, or health care operations. You also have the right to request a limit on the PHI disclosed to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that your therapist not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to your therapist at 21015 Market Ridge, Suite 101, San Antonio, TX 78258 or by fax at (210) 496-0101. This request must indicate: (1) what information you want to limit; (2) whether you want to limit ICFE use and/or disclosure; and (3) to whom you want the limits to apply.

Your therapist is not required to agree to your request unless you are asking him/her to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes

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and such information you wish to restrict pertains solely to a health care item or service for which you have paid “out-of-pocket” in full. If your therapist agrees, he/she will comply with your request unless the information is needed to provide you with emergency treatment.

***Out-of-Pocket-Payments.*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and your therapist will honor that request.

***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that your therapist only contact you by mail or at work. Your therapist will request specific authorization from you regarding any electronic communication, including text and email, in order to best protect your information. To make changes to this consent, please notify your therapist in writing regarding your request. The request should be sent to ICFE (Attention to your therapist) 21015 Market Ridge, Suite 101, San Antonio, TX 78258; you may also fax your request to 210-496-0101. Your request must specify how or where you wish to be contacted. Your therapist will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**CHANGES TO THIS NOTICE:**

Your therapist reserves the right to change this notice and make the new notice apply to PHI already on file, as well as any information received in the future. The ICFE will post a copy of the current notice, endorsed by all employees and contract therapists, at our office.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office, with the Texas Attorney General at [www.oag.state.tx.us/forms/cpd/form.php](http://www.oag.state.tx.us/forms/cpd/form.php), or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). Neither your therapist nor the ICFE will retaliate against you for filing a complaint.

All ICFE therapists are independent practitioners, and therefore independently responsible for compliance with ICFE policies and procedures, applicable professional ethical codes, and state and federal laws. Your therapist will provide you with information needed to file a complaint.

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