



PSYCHOLOGICAL ASSESSMENT & TREATMENT

7400 Blanco Rd., Ste 126 | San Antonio, TX 78216

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Effective: May 1, 2011

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

This notice describes how Mission Psychology uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Mission Psychology.

This notice also describes your rights to access and control your health information. Health information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

**How Mission Psychology May Use or Disclose Your Health Information**

**For Treatment:** People inside and outside our office involved in your care and treatment may use your health information to provide you with medical treatment or services. For example, a health care provider, such as a psychologist, physician, nurse, or other provider will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken in the course of your treatment and note how you respond to the actions.

**For Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and service that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations:** We may use and disclose health information about you for operational and business purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and other for purposes such as evaluating the performance of our staff, assessing the quality of care and outcomes in your case and similar cases, and to learn how to improve our facilities and services. Other examples include disclosing your health information to psychology students that we supervise who see patients in our office. We may also share your health information with third party "business associates" that perform various activities such as billing and transcription. We will always have a written contract with any business associates that includes terms to protect the privacy of your protected health information.

**Appointments:** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use a sign-in sheet to identify your presence for an appointment and call you by name when it is time for your appointment.

**Others involved in your healthcare:** With your permission, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative legal proceedings
- To report information related to victims of abuse, neglect or domestic violence
- In the event that you are behaving in a way that, in our clinician's professional opinion, makes you a danger to yourself or others.

**Research:** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and establishes protocols to ensure the privacy of your health information.

### **Your Health Information Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR § 164.522; however, our clinicians are not required to agree to a requested restriction
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR § 164.524
- Amend your health record as provided in 45 CFR § 164.524
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528

You may complain to Mission Psychology and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### **Obligations of Mission Psychology**

Our clinicians are required to:

- Maintain the privacy of protected health information
- Provide you with this notice of their legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law

- We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be made available to you by mail.

**If you have any questions or complaints, please contact:**

Mission Psychology  
7400 Blanco, Suite 126  
San Antonio, TX 78216