

Door of Hope Counseling

1201 N Watson Road Suite 177

Arlington, TX 76006

(817) 360-2450

Cynthia A. Thompson, M. Ed., LPC-S

Notice of Privacy Practices

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CONFIDENTIALITY

AS A RULE, I WILL NOT DISCLOSE INFORMATION ABOUT YOU OR THE FACT THAT YOU ARE MY CLIENT, WITHOUT YOUR WRITTEN CONSENT. MY FORMAL MENTAL HEALTH RECORDS DESCRIBE THE SERVICES PROVIDED TO YOU AND CONTAINS THE DATES OF YOUR SESSIONS, YOUR DIAGNOSIS, FUNCTIONAL STATUS, SYMPTOMS, PROGNOSIS AND PROGRESS AND ANY PSYCHOLOGICAL TESTING REPORTS. HEALTH CARE PROVIDERS ARE LEGALLY ALLOWED TO USE OR DISCLOSE RECORDS OR INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS PURPOSES. HOWEVER, I DO NOT ROUTINELY DISCLOSE INFORMATION IN SUCH CIRCUMSTANCES, SO I WILL REQUIRE YOUR PERMISSION IN ADVANCE, EITHER THROUGH YOUR CONSENT AT THE ONSET OF OUR RELATIONSHIP (BY SIGNING THE GENERAL CONSENT STATEMENT) OR THROUGH YOUR WRITTEN AUTHORIZATION AT THE TIME OF NEED FOR DISCLOSURE. YOU MAY REVOKE YOUR PERMISSION, IN WRITING AT ANY TIME BY CONTACTING ME.

LIMITATIONS TO CONFIDENTIALITY

(POSSIBLE USES AND DISCLOSURES OF MENTAL HEALTH RECORDS WITHOUT CONSENT OR AUTHORIZATION)

THERE ARE SOME IMPORTANT EXCEPTIONS TO THE RULE OF CONFIDENTIALITY. YOU WILL BE ASKED TO SIGN A FORM INDICATING THAT YOU UNDERSTAND THE RULES AND EXCEPTIONS. I MAY USE OR DISCLOSE RECORDS OR OTHER INFORMATION ABOUT YOU WITHOUT YOUR CONSENT OR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

EMERGENCY. IF YOU ARE INVOLVED IN A LIFE-THREATENING EMERGENCY AND I CANNOT ASK YOUR PERMISSION, I WILL SHARE INFORMATION IF I BELIEVE THAT YOU WOULD WANT ME TO DO SO, OR IF I BELIEVE THAT DISCLOSING WILL BE HELPFUL TO YOU.

CHILD ABUSE. IF I HAVE REASON TO SUSPECT THAT A CHILD IS BEING ABUSED OR NEGLECTED, I AM REQUIRED BY TEXAS LAW TO REPORT THE MATTER IMMEDIATELY TO THE TEXAS DEPARTMENT OF CHILD AND FAMILY SERVICES.

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ADULT ABUSE. IF I HAVE REASON TO SUSPECT THAT AN ELDERLY OR INCAPACITATED ADULT IS BEING ABUSED, NEGLECTED OR EXPLOITED, I AM REQUIRED BY TEXAS LAW TO IMMEDIATELY MAKE A REPORT AND PROVIDE RELEVANT INFORMATION TO THE TEXAS DEPARTMENT OF CHILD AND FAMILY SERVICES.

HEALTH OVERSIGHT. TEXAS LAW REQUIRES CLINICIANS REPORT MISCONDUCT BY A HEALTH CARE PROVIDER OF THEIR OWN PROFESSION. I ALSO RESERVE THE RIGHT TO REPORT MISCONDUCT BY HEALTH CARE PROVIDERS OF OTHER PROFESSIONS. IF YOU DESCRIBE ANY UNPROFESSIONAL BEHAVIOR BY ANY HEALTH CARE PROVIDER, I AM REQUIRED TO EXPLAIN TO YOU HOW TO MAKE A FORMAL REPORT. IF YOU YOURSELF ARE A HEALTH CARE PROVIDER, I AM REQUIRED BY LAW TO REPORT TO YOUR LICENSING BOARD THAT YOU ARE IN TREATMENT WITH ME IF I BELIEVE THAT YOUR CONDITION PLACES THE PUBLIC AT RISK.

COURT PROCEEDINGS. IF YOU ARE INVOLVED IN A COURT PROCEEDING AND A REQUEST IS MADE OR INFORMATION ABOUT YOUR DIAGNOSIS AND TREATMENT AND THE RECORDS THEREOF, SUCH INFORMATION IS PRIVILEGED UNDER LAW, AND I WILL NOT RELEASE INFORMATION UNLESS YOU PROVIDE WRITTEN AUTHORIZATION.

SERIOUS THREAT TO HEALTH OR SAFETY. IF YOU COMMUNICATE TO ME A SPECIFIC AND IMMEDIATE THREAT TO CAUSE SERIOUS BODILY INJURY OR DEATH, TO AN IDENTIFIED OR IDENTIFIABLE PERSON AND I BELIEVE THAT YOU HAVE THE INTENT AND ABILITY TO CARRY OUT THAT THREAT IMMEDIATELY OR IMMINENTLY, I WILL TAKE STEPS TO PROCEED SAID THIRD PARTY. THESE PRECAUTIONS THAT I TAKE MAY INCLUDE 1) WARNING THE POTENTIAL VICTIM, PARENT OR GUARDIAN OF THE POTENTIAL VICTIM, 2) NOTIFYING LAW ENFORCEMENT, OR 3) SEEKING YOUR HOSPITALIZATION. I MAY ALSO USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WHEN I BELIEVE IT IS NECESSARY TO PREVENT AN IMMEDIATE, SERIOUS THREAT TO YOUR OWN HEALTH AND SAFETY.

RECORDS OF MINORS. PARENTS MAY NOT BE DENIED ACCESS TO THEIR CHILD'S RECORDS. THIS ISSUE MAY BE DISCUSSED IN DETAIL IF A SERVICE HAS BEEN PROVIDED TO A MINOR.

PATIENT'S RIGHTS AND PROVIDER DUTIES

RIGHT TO REQUEST RESTRICTIONS. YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION. YOU ALSO HAVE THE RIGHT TO REQUEST A LIMIT OF THE INFORMATION THAT I DISCLOSE ABOUT YOU TO SOMEONE INVOLVED IN YOUR CARE OR THE PAYMENT FOR YOUR CARE. YOU MAY REQUEST THAT I LIMIT THE INFORMATION THAT IS DISCLOSED TO A THIRD PARTY. ANY REQUEST FOR RESTRICTIONS MUST BE MADE IN WRITING AND INCLUDE: 1) LIMIT ON INFORMATION; 2) WHETHER YOU WANT TO LIMIT MY USE, DISCLOSURE OR BOTH; AND 3) NAMED PARTY TO WHICH THE LIMITS APPLY.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS AND AT ALTERNATIVE LOCATIONS. YOU HAVE THE RIGHT TO REQUEST AND RECEIVE CONFIDENTIAL COMMUNICATIONS OF PHI BY ALTERNATIVE MEANS AND AT ALTERNATIVE LOCATIONS. FOR EXAMPLE, YOU MAY NOT WANT A FAMILY MEMBER TO KNOW THAT YOU ARE SEEING ME. WHEN REQUESTED, ANY COMMUNICATION CAN BE SENT TO AN ALTERNATIVE ADDRESS. YOU MAY ALSO MAKE A REQUEST THAT ANY PHONE CONTACT BE MADE TO A SPECIFIC PHONE NUMBER. THIS REQUEST CAN BE MADE IN WRITING WITH ALTERNATIVE REQUESTS.

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RIGHT TO AN ACCOUNTING OF DISCLOSURES. YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF PHI FOR WHICH YOU HAVE NEITHER PROVIDED CONSENT NOR AUTHORIZATION.

RIGHT TO INSPECT AND COPY. IN MOST CASES, YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR BILLING RECORDS. YOU MUST SUBMIT YOUR REQUEST IN WRITING. THERE MAY BE A FEE ASSOCIATED WITH THIS REQUEST.

RIGHT TO AMEND. YOU HAVE THE RIGHT TO REQUEST THAT YOUR PROGRESS NOTES BE AMENDED IF YOU FEEL THAT THE INFORMATION THAT I HAVE IS INCORRECT OR INACCURATE. TO REQUEST AN AMENDMENT, YOUR REQUEST MUST BE MADE IN WRITING, AND SUBMITTED TO ME. IN ADDITION, YOU MUST PROVIDE A REASON THAT SUPPORTS YOUR REQUEST. YOUR REQUEST MAY BE DENIED IF YOU REQUEST INFORMATION THAT: 1) WAS NOT CREATED BY ME, 2) IS NOT PART OF INFORMATION THAT IS STORED IN MY RECORDS, 3) IS NOT INCLUDED IN THE INFORMATION WHAT YOU ARE PERMITTED TO INSPECT AND COPY, 4) INACCURATE OR INCOMPLETE.

RIGHT TO A COPY OF THIS NOTICE. UPON REQUEST, YOU HAVE A RIGHT TO RECEIVE A PAPER COPY OF THIS REQUEST.

COMPLAINTS. IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT IN WRITING TO:

ATTN: CYNTHIA A. THOMPSON
DOOR OF HOPE COUNSELING & EDUCATION
1201 NORTH WATSON ROAD SUITE 177
ARLINGTON, TX 76006

YOU MAY ALSO SEND A WRITTEN REPORT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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