



## **HIPAA NOTICE OF PRIVACY PRACTICES**

**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.**

Effective Date 9/1/08

### **Notice of Privacy Practices**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Please review this notice carefully.**

Beacon Counseling Center has been and will always be totally committed to maintaining client's confidentiality and protected health care information (PHI). We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use and disclosure of your healthcare information. The terms of this notice apply to all records containing your (PHI) that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in a visible location at all times, and you may request a copy of our most current notice at any time.

**If you have questions about this Notice, please contact:  
{Beacon Counseling Center, Kevin J. Bruner, Director, 100 N First Street,  
Wylie, Texas 75098}**

**Uses and disclosures of your health information for the purposes of providing services.** Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

**Treatment** We may need to use or disclose health information about you to provide, manage, or coordinate your care or related services. This may include consultants and potential referral sources.

**Payment** Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

**Healthcare Operations** We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

**Other uses or disclosures of your information which does not require your consent.** There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to: Information you and/or your child or children report about physical or sexual abuse: Then by Texas State Law, we are obligated to report this to the Department of Family and Protective Services. If you provide information that informs us that you are in danger of harming yourself or others. Information to remind you of/or to reschedule appointments or treatment alternatives. Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as subpoena or court order.

**NOTICE OF HIPAA PRIVACY PRACTICES:** I/We have read and received a copy of the Notice of Privacy Practices document.

_____	_____
Name of individual (Printed)	Signature of Individual
_____	_____
Signature of Legal Representative	Relationship to Client
(e.g., Attorney-In-Fact, Guardian, Parent if a minor)	
Date Signed ____/____/____	Witness: _____