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Psychologist  
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**Mailing Address:**  
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### **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information**

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

#### **My legal duties:**

- I am required by law to maintain the privacy of Protected Health Information (PHI) -- information in your health record that could identify you such as your name and treatment records.
- I am required by law to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice at our next meeting or by mail. The revised notice will also be available on my website.

#### **I. 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:

- **“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 of my office, such as releasing, transferring, or providing access to information about you to other parties.
- **“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 health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - **Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - **Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

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## II. 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.

There is another, special authorization provision potentially relevant to the privacy of your records: “**Psychotherapy notes.**” Under HIPAA Regulations, “*Psychotherapy notes*” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. In recognition of the importance of the confidentiality of conversations between a professional and a client/patient in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record.” Psychotherapy notes **excludes** medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date” Psychotherapy notes cannot be secured by insurance companies nor can they insist upon their release for payment of services. Importantly, I generally do not keep psychotherapy notes, but when I do, these notes are given a greater degree of protection than PHI. Again, any “**psychotherapy notes**” I may maintain would not be considered part of a “medical record,” for HIPAA purposes and are for my use only, and I may deny access to these (unless forced to respond to a court order).

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each 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.

## III. Uses and Disclosures with Neither Consent nor 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, the Texas Youth Commission, 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 State Board of Examiners of Psychologists, 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 your personal or legally 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 court ordered. You will be informed in advance if this is the case.
- **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 a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.
- **Business Associates Disclosures:** HIPAA requires that I train and monitor the conduct of those performing ancillary administrative services for my practice and refers to these people as "Business Associates." In my practice, "business associates" include staff and other professionals sharing my office facilities who are required to follow these guidelines. For example, other staff and professionals who use the same office space as I do may at times take telephone messages from you to give to me.
- **For Payment:** I may use and disclose Health Information so that I may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, I may send your health plan information about you, including a diagnosis, so that they will pay for your treatment. Insurers such as Blue Cross/Blue Shield or managed care organizations on rare occasions may ask for additional information about you and your symptoms. I have no control over how these records are handled at the insurance company. My policy is to provide the minimum amount of information that the insurance company needs to pay your benefits.
- **Individuals Involved in Your Care or Payment for Your Care:** When appropriate, I may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. Unless it is an emergency, I will first ask you to fill out a release of information form and we will discuss what information will be shared with your family member or close friend.
- **Data Breach Notification Purposes:** I may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

- **National Security and Intelligence Activities:** If mandated to do so, I will release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law or 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.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

#### **IV. Patient's Rights:**

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** If you pay for my services out-of-pocket in full, you have the right to restrict certain disclosures of PHI to a health plan. You can ask me not to share that information for the purpose of payment or other operations with your health insurer. I will say "yes" unless a law requires me to share that information.
- **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. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and any psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. In the case of assessment materials such as test booklets, test protocols, test questions, scoring manuals, computer programs, and any other material that may be considered test materials covered by federal copyright and trade secret laws, you do not have the right to access, as these materials are not considered part of the medical/mental health record. I can release these only to another qualified mental health professional or under a protective court order. I may deny your access to other PHI as well under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### **V. Questions and Complaints**

As a solo practitioner, I am the appointed “Privacy Officer” for my practice per HIPAA regulations. If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me, Jennifer Rockett, Ph.D., P.O. Box 9276, College Station, Texas 77842. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Complaints can be filed online at <http://cms.hhs.gov/hipaa/hipaa2/default.asp>, and can be mailed to: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on October 29, 2013.