



THE LAKEWOOD GROUP, LLC

Mental Health Services

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Notice of The Lakewood Group's Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Lakewood Group 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:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when your doctor or therapist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your doctor or therapist consults with another health care provider, such as your family physician or another psychologist, psychiatrist or counselor.
 - *Payment* is when your doctor or therapist obtains reimbursement for your healthcare. Examples of payment are when The Lakewood Group discloses 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 our 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.
- “*Use*” applies only to activities within The Lakewood Group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of The Lakewood Group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your doctor or therapist 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 your doctor or therapist is asked for information for purposes outside of treatment, payment and health care operations, your doctor or therapist will obtain an authorization from you before releasing this information. Your doctor or therapist will also need to obtain an authorization before releasing your psychotherapy notes.

“*Psychotherapy notes*” are notes your doctor or therapist has made about your conversation during a private, group, joint, or family counseling session, which your doctor or therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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) your doctor or therapist

has 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

Your doctor or therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your doctor or therapist has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, a report of such must be made 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 your doctor or therapist has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, an immediate report of such must be made to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against your doctor or therapist with the State Board of Examiners of Psychologists, the State Board of Medical Examiners or the State Board of Licensed Professional Counselors, they have the authority to subpoena confidential mental health information from your doctor or therapist 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 your doctor or therapist 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 your doctor or therapist determines 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, your doctor or therapist may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, your doctor or therapist may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

IV. Patient's Rights and Your Doctor's or Therapist's Duties

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, Your doctor or therapist is not required to agree to a restriction you request.
- *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 a doctor or therapist at The Lakewood Group. Upon your request, The Lakewood Group 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 psychotherapy notes in the mental health and billing records used to make decisions about you for as

long as the PHI is maintained in the record. Your doctor or therapist may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your doctor or therapist 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. Your doctor or therapist may deny your request. At your request, your doctor or therapist 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, your doctor or therapist 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 this notice from The Lakewood Group upon request, even if you have agreed to receive the notice electronically.

Doctor's or Therapist's Duties:

- Your doctor or therapist is required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.
- The Lakewood Group reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, your doctor or therapist is required to abide by the terms currently in effect.
- If The Lakewood Group revises these policies and procedures, you will be notified that changes have been made. You may then access the changes on The Lakewood Group website or a paper copy of the changes will be provided at your request.

V. Complaints

If you are concerned that your doctor or therapist has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the office manager of The Lakewood Group for further information.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Lakewood Group office manager can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

- The Lakewood Group reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that The Lakewood Group maintains. If The Lakewood Group revises these policies and procedures, you will be notified that changes have been made in person, by telephone, by mail or by email. You may then access the changes on The Lakewood Group website or a paper copy of the changes will be provided at your request.