

**Cressan Smith, MS, LPC**  
License #67923

6750 Hillcrest Plaza Dr., Suite 304  
Dallas, Texas 75230

18601 LBJ Fwy., Suite 711  
Mesquite, Tx 75150

Your privacy is protected by the Health Insurance Portability and Accountability Act (HIPPA)

**NOTICE OF PRIVACY PRACTICES FOR PERSONAL  
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.**

**Summary**

The law requires that your Personal Health Information (PHI) is kept private. This Notice describes how your PHI is protected and how Cressan Smith, LPC (Licensed Professional Counselor), may use and disclose this information. PHI includes personally identifiable information that relates to your past, present, or future health, treatment, or payment for health care services. I am required to comply with this privacy policy and am allowed to disclose this information only when there is an appropriate reason to do so, such as to confer with other health care providers or to submit claims for these services.

Under HIPPA, you are afforded privacy rights regarding the use and disclosure of your health information. These include:

- The right to be informed of the potential uses and disclosures of your protected health information, and to limit those uses and disclosures of this protected health information
- The right to receive this written notice that explains how Cressan Smith may use and disclose your protected health information, your rights under HIPPA's privacy rule, and my responsibilities as a covered entity under HIPPA
- The right to a paper copy of this notice, or to have your legally designated representative receive a copy of this notice (you are asked to acknowledge receipt of this notice)
- The right to amend your record, to restrict what information from you record is disclosed to others, and to receive an accounting of disclosures of this information that were made without your authorization, other than for treatment, payment or health care operations. Cressan Smith cannot agree to restrict the uses or sharing of information that are required by law (see below)
- The right to have your complaints about Cressan Smith's policies and procedures recorded in these records.

As a health care provider, Cressan Smith is making a good faith effort to see that you or your representative has received and acknowledged this notice of privacy practices. If you are seen for emergency treatment, you will receive this notice as soon as practically possible afterward.

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

Cressan Smith may use or disclose your PHI for certain treatment, payment, and health care operations purposes without your authorization. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you
- **Treatment** is when Cressan Smith or another healthcare provider diagnoses or treats you. An example of treatment would be when Cressan Smith consults with another health care provider, such as your family physician or a psychologist, regarding your treatment.
- **Payment** is when Cressan Smith obtains reimbursement for your health care. Examples of payment are when Cressan Smith discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage
- **Health Care Operations** is when Cressan Smith discloses your PHI to your health care service plan (for example, your health insurer) or to your other health care providers, contracting with your plan for administering the plan, such as case management and care coordination

- **Use** applies only to activities within Cressan Smith's office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you
- **Disclosure** applies to activities outside of Cressan Smith's office, such as releasing, transferring, or providing access to information about you to other parties
- **Authorization** means written permission for specific uses or disclosures. All authorizations to disclose must be on a specific, legally required form.

## II. Uses and Disclosures Requiring Authorization

Cressan Smith may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when Cressan Smith is asked for information for purposes outside of treatment and payment operations, Cressan Smith will obtain an authorization from you before releasing this information.

You may revoke or modify all such authorizations of PHI at any time, provided each revocation is in writing; however, the revocation or modification is not effective until Cressan Smith receives it. You may not revoke an authorization to the extent that 1) Cressan Smith has relied on that information, 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 Not Requiring Consent or Authorization

Cressan Smith may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever Cressan Smith, in her professional capacity, has knowledge of, reasonably suspect, or observe that a child has been the victim of child abuse or neglect, Cressan Smith must immediately report such to a police department or sheriff's department, county probation department, or county or state welfare department.
- **Adult and Domestic Abuse:** If Cressan Smith, in her professional capacity, has observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if Cressan Smith is told by an elder or dependent adult that he or she has experienced these, or if Cressan Smith reasonably suspects such, Cressan Smith must report the known or suspected abuse immediately to the local ombudsman, the local law enforcement agency, or the county or state welfare department.
- **Health Oversight:** If a complaint is filed against me with the State Board that licenses my profession, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Serious Threat to Health or Safety:** If you communicate to Cressan Smith a serious threat of physical violence against an identifiable victim, Cressan Smith must make a reasonable effort to prevent harm, which may include communicating that information to the potential victim and the police. If Cressan Smith has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, Cressan Smith may release relevant information as necessary to prevent the threatened danger.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is mad about the professional services that Cressan Smith has provided you, Cressan Smith must not release your information without:

- 1) your written authorization or the authorization of your attorney or personal representative, or
- 2) a court order

**The privilege does not apply** when you are being evaluated for a third party or when the evaluation is court-ordered. Cressan Smith will inform you in advance if this is the case.

#### IV. Patient's Rights and Provider'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, Cressan Smith 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 me and may request that she not telephone your residence.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records that Cressan Smith uses to make decisions about you for as long as the PHI is maintained in the record. *Cressan Smith may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Cressan Smith 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. Cressan Smith may deny your request. On your request, Cressan Smith 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, Cressan Smith 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 Cressan Smith upon request, even if you have agreed to receive the notice electronically.

##### Duties of the Provider

- Cressan Smith is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Cressan Smith reserves the right to change the privacy policies and practices described in this Notice. Unless Cressan Smith notifies you of such changes, however, Cressan Smith is required to abide by the terms currently in effect.
- If Cressan Smith revises her policies and procedures, Cressan Smith will provide you with a written copy of the revised policies and procedures at the earliest possible opportunity following this revision, in person or by mail.

#### V. Complaints

If you are concerned that Cressan Smith has violated your privacy rights, or you disagree with a decision Cressan Smith has made about access to your records, you may contact the Compliance Officer for further information.

For complaints, contact me at 214-679-1233, or one of these addresses:

Cressan Smith, LPC  
6750 Hillcrest Plaza Dr., Suite 304  
Dallas, Texas 75230

Cressan Smith, LPC  
18601 LBJ Fwy., Suite 711  
Mesquite, Texas 75150

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Cressan Smith can provide you with the appropriate address upon request. Cressan Smith will take no retaliatory action against you if you file a complaint about her privacy practices.

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

This notice went into effect April 14, 2003. Cressan Smith reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Cressan Smith maintains. Cressan Smith will provide you with a revised notice by mail, at the earliest opportunity following the revision. The latest version was effective on the date noted at the beginning of this document.

**Cressan Smith, MS**  
Licensed Professional Counselor  
cell: 214-679-1233  
fax: 972-613-6475

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Dallas, TX 75230

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Mesquite, Tx. 75150

cressansmithlpc@yahoo.com

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Please sign this page as acknowledgement that you received the HIPPA (Health Insurance Portability and Accountability Act) which explains and provides notice of privacy practices for personal health information.

I, (Please print name) \_\_\_\_\_ received a copy  
of the HIPPA report either as a hard copy or as a computer document on (Date) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client (if client is a minor) \_\_\_\_\_

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