

NOTIFICATION OF PRACTICES AND POLICIES REGARDING HIPAA  
Audrey Kteily PhD PLLC

Your health record contains personal information about you and your health. This information about you, which may identify you, and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notification of Policies and Practices describes how we may use and disclose your PHI in accordance with applicable laws, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

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

The term “use” applies to activities within this practice such as sharing, employing, applying, utilizing, examining, and analyzing PHI that identifies you. The term “disclosure” applies to activities outside this practice such as releasing, transferring, or providing access to PHI about you to other parties. We may use or disclose your PHI for the following reasons:

1. **Treatment.** This occurs when we provide, coordinate or manage your health care and related services. An example of treatment is when we consult with another health care provider, such as your family physician.
2. **Payment.** This occurs when we obtain reimbursement for your healthcare. An example of payment is when we disclose your PHI to your health care insurer to obtain reimbursement for services or to determine eligibility or coverage.
3. **Health Care Operations.** These are activities that relate to the performance and operation of this 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.
4. **As Required by Law.** Under HIPAA, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the HIPAA Privacy Rule.

**II. Uses and Disclosures with Authorization**

We 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

**III. Uses and Disclosures with Neither Consent nor Authorization**

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

1. **Child Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized to receive reports of child abuse or neglect, as required or authorized by Texas or federal law.
2. **Elder or Disabled Abuse or Neglect:** We may disclose your PHI to a state agency that is authorized to receive reports concerning the abuse of an elderly person or disabled persons, as required by Texas or federal law.
3. **Abuse by a Mental Health Professional:** We may disclose your PHI to the appropriate licensing board in making a report of sexual abuse by a mental health professional as required by Texas or federal law.
4. **Health Oversight:** If a complaint is filed with the Texas State Board of Examiners of Professional Counselors, they have the authority to subpoena confidential mental health information from Coppell Family Therapy that is relevant to that complaint.
5. **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. We will

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not release such 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 medically evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**6. Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

**7. Deceased Patients:** We may disclose PHI regarding deceased patients as mandated by state or federal law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior written consent or authorization. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**8. Law Enforcement:** We may disclose PHI to a law enforcement official as required by law in compliance with a court order, administrative order, or similar document for the purpose of identifying a suspect, material witness, or missing person in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency or in connection with a crime on the premises.

**9. Public Safety:** We may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to the person or persons reasonably able to prevent or lessen the threat (for example, the police), as permitted by Texas or federal law.

#### **IV. Patient's Rights and Practitioner's Duties**

**1. Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

**2. 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 seeking therapy.) Upon receipt of your written request, we will update our records to send your correspondence to the alternative address or by an alternative means.

**3. Right to Inspect and Copy Notes:** You have the right to inspect or obtain a copy of PHI in our mental health and billing records. These may be used to make decisions about you for as long as the PHI is maintained in these records. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Upon receipt of a written request, we will discuss with you, at a mutually acceptable time and place, the details of the request and denial process and your right to appeal.

**4. Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in these records. We may deny your request. Upon receipt of a written request, we will discuss with you the details of the amendment process.

**5. 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). Upon receipt of a written request, we will discuss with you the details of the accounting process.

**6. Breach Notification:** If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including the circumstances of the breach and what you can do to protect yourself.

**7. Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

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**Practitioner's Duties:** We are required by law to maintain the privacy of PHI and to provide you with an updates regarding our compliance with PHI protection. Updates to this notice will be displayed on-site, our website, and by request via printed form, mail or secure email.

**V. Questions and Complaints**

If you have questions about this notice or believe your privacy rights have been violated, you have the right to file a complaint in writing with the owner of this business: Audrey Kteily PhD LPC-S at 743 W Main Street Coppell TX 75019; or with the Texas State Board of Examiners of Professional Counselors / Complaints Management and Investigative Section at PO Box 131369 Austin TX 78714-1369.

**With my signature, I acknowledge:**

That I have read and understand Dr Audrey Kteily's Notice of Practice and Policy regarding HIPAA; that Dr Audrey Kteily's practice reserves the right to update and/or change its policies at any time and those updated policies will immediately supersede any previous versions. (rev 11/13/24)

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_