

Bishop's Counseling FOR WOMEN

Notice of Privacy Practices – Brief Version

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This form is a shorter version of the full legally required Notice of Privacy Practices, which you received along with this, so please refer to it for more information. We will use the information about your health which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form, we cannot treat you. If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this. Of course we will keep your health information private but there are some times when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires to do so. There are some other situations like these, which do not happen very often. They are described in the longer version of the NPP.

Confidentiality of E-mail, Cell Phone, and Faxes Communication

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify me in writing at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. I am ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply.

Social Media Disclaimer

I utilize several different social media outlets to interact professionally with the community and other mental health professionals at large. I provide education, new research articles, and my own professional opinions regarding mental health issues. Please understand that these outlets are used for educational, connection and marketing purposes only. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Twitter, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Your rights regarding your health information

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you. You have the right to look at the health information we have about you such as your medical and billing records. However, we may withhold our confidential process notes if we do not believe it is in your best interest to view them. We will however, willingly permit you to view your goals and objectives.

If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You must tell us the reasons you want to make the changes. You have the right to a copy of this notice. If we change this NPP you will receive a new copy. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the Department of Health and Human Services ([hhs.gov](https://www.hhs.gov)). All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Please recognize that this notice is a brief version of the full notice of privacy practices, which you have received along with this form. If you have any questions regarding this notice or our health information privacy policies, please ask.

Bishop's Counseling FOR WOMEN

Jennifer Bishop, LCSW
6855 Communications Parkway, Suite 220, Plano, TX 75024
214-299-3758 jenna@bishops counseling.com

Patient's Acknowledgement of Receipt of Notice of Privacy Practices

I have been provided a hard copy of Bishop's Counseling for Women's Notice of Privacy Practices, in both the brief and full versions.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I have read the above information and agree with its contents. I consent to accept these policies as a condition of receiving mental health services.

Please check below.

_____ Yes _____ No

Printed Name: _____

Signature: _____ Date: _____

Appointment Reminders

You can receive an appointment reminder to your email address, your cell phone (via text message), or your home phone (via a voice message) the day before your scheduled appointments. Where would you like to receive appointment reminders? (check one)

- _____ Via a text message on my cell phone (normal text messaging rates will apply)
_____ Via an email message to the address listed on my client questionnaire
Please provide a username _____ and password _____ for the email option
_____ Via an automated telephone message to my home phone
_____ None of the above. I will remember my appointments on my own.
(missed appointment fees will still apply)

Appointment information is considered to be "Protected Health Information" under HIPPA. By my signature, I am waving my right to keep this information completely private and requesting that it be handled as I have noted above.

Telehealth

I am aware that due to Bishop’s Counseling for Women, PLLC’s intention to slow the spread of COVID, services will only be offered through Telehealth for the time being. I recognize that I have several options for Telehealth, but not all Telehealth options are HIPPA certified. I hereby release BCfW from any liability of unexpected PHI releases, should I choose an option that is not HIPPA certified. How would you like to participate in your Telehealth appointments?

_____ FaceTime (Not HIPPA Certified)

_____ Zoom (HIPPA Certified)

Printed Name: _____

Signature: _____ Date: _____