

YOUR COPY: INFORMATION FOR CLIENTS DOCUMENTS

**J. Mike Ross, Ph.D.
Licensed Psychologist, Life Coach**

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PACKET INCLUDES:

- **Information for Clients (this page)**
- **Notice of Privacy Practices For Personal Health Information (PHI), (3 pages)**
This may also be known as the HIPAA disclosure
- **Counseling File Disclosures and Limitations (1 page)**

INFORMATION ABOUT J. MIKE ROSS, PH.D. (AKA as James Mike Ross):

- Licensed Psychologist, Texas license #: 33227
- Private practice in Austin since March, 2006.
- Earned Ph.D. University of Oklahoma, Counseling Psychology
- Completed APA accredited full-time internship, University of Texas at Austin
- For more information, go to website, www.DrMikeRoss.com and click on “About Dr. Ross”

INFORMATION FOR CLIENTS, You have a right to:

- Get respectful treatment that will be helpful to you.
- Have a safe treatment setting.
- Ask for and get information about my qualifications, including my license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Know all about the terms of therapy, such as its cost, appointment times, privacy issues, etc.
- Know all about my Privacy Practices and exceptions to confidentiality.
- Discuss your therapy with anyone you choose.
- Have any therapy procedure or method explained to you upon your request.
- Refuse any test, evaluation, or therapy of any kind.
- Not enter therapy with me. If you wish, I will provide names of other therapists.
- Understand that if you were court-ordered for evaluation or therapy, you will likely have to answer to the court or may have legal problems if you stop treatment or evaluation before its conclusion.

NOTICE OF PRIVACY PRACTICES
FOR PERSONAL HEALTH INFORMATION (PHI)

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

This Notice describes how your Personal Health Information (PHI) is protected, and how Dr. Ross 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. Dr. Ross's employees, contractors (such as for billing), and professional staff are required to comply with this privacy policy, and have access to 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 the Health Insurance Portability and Accountability Act (HIPAA), you are afforded privacy rights regarding the use and disclosure of your health information. These include:

- a 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;
- a right to receive this written notice that explains how we may use and disclose your Protected Health Information, your rights under HIPAA's privacy rule, and Dr. Ross's responsibilities as a covered entity under HIPAA;
- a 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;
- a right to amend your record, to restrict what information from your 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;
- a right to have your complaints about my policies and procedures recorded in these records.

As a health care provider, Dr. Ross is making a good faith effort to see that you or your representative have 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

Dr. Ross may *use* or *disclose your Protected Health Information (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 Dr. Ross or another healthcare provider diagnoses or treats you. An example of treatment would be when Dr. Ross consults with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- **Payment** is when Dr. Ross obtains reimbursement for your healthcare. Examples of payment are when Dr. Ross 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 Dr. Ross 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 Dr. Ross's office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of Dr. Ross'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

Dr. Ross 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 Dr. Ross is asked for information for purposes outside of treatment and payment operations, Dr. Ross 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 Dr. Ross receives it. You may not revoke an authorization to the extent that (1) Dr. Ross 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 without Consent or Authorization

Dr. Ross may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever Dr. Ross, in his professional capacity, has knowledge of or observes a child Dr. Ross knows or reasonably suspects, has been the victim of child abuse or neglect, Dr. Ross 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 Dr. Ross, in his professional capacity, has observed or has 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 Dr. Ross is told by an elder or dependent adult that he or she has experienced these, or if Dr. Ross reasonably suspects such, he must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.
- **Health Oversight:** If a complaint is filed against Dr. Ross with the State Board that licenses his profession, the Board has the authority to subpoena confidential mental health information from Dr. Ross relevant to that complaint.
- **Serious Threat to Health or Safety to identifiable other(s) or to yourself:** If you communicate to Dr. Ross a serious threat of physical violence against an identifiable victim, Dr. Ross must make reasonable efforts to prevent harm, which may include communicating that information to the potential victim and the police. If Dr. Ross has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, Dr. Ross may release relevant information as necessary to prevent the potential danger.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services that Dr. Ross has provided you, Dr. Ross 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 where the evaluation is court-ordered. Dr. Ross 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, Dr. Ross 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 Dr. Ross and may request that he not telephone your residence).
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in Dr. Ross's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. *If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. Dr. Ross may deny your request to inspect and/or copy in certain limited circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Ross 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. Dr. Ross may deny your request. On your request, Dr. Ross 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, Dr. Ross 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 Dr. Ross upon request, even if you have agreed to receive the notice electronically.

Duties of Provider:

- Dr. Ross is required by law to maintain the privacy of PHI and to provide you with a notice of his legal duties and privacy practices with respect to PHI.
- Dr. Ross reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Ross notifies you of such changes, however, he is required to abide by the terms currently in effect.
- If Dr. Ross revises his policies and procedures, Dr. Ross 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 Dr. Ross has violated your privacy rights, or you disagree with a decision Dr. Ross made about access to your records, you may contact the Compliance Officer for further information.

For complaints, contact Dr. Mike Ross at (512) 512-983-1120, or:

J. Mike Ross, Ph.D.
12741 N. Research Blvd., Suite 300
Austin, TX 78759-4388

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Ross will provide the appropriate address upon request.

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

This notice went into effect April 13, 2003. Dr. Ross reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Dr. Ross maintains. Dr. Ross will provide you with a revised notice by mail at the earliest opportunity following the revision.

Counseling File Disclosures and Limitations

1. Unless specified otherwise, the service provided was for counseling only and does NOT include a forensic evaluation (i.e., not an evaluation or assessment for legal reasons). The work reflected in this file was for clinical reasons only and typically involves helping clients achieve their goals which often includes improving or reducing their symptoms. If counseling is for a couple, work is often to improve their relationship or on some occasions to help them transition through the ending of their couple's relationship such as to transition in becoming more effective co-parents after a divorce or separation. Therefore, the purpose is clinical and not forensic. In fact, it would not be prudent to attempt an integration of clinical and forensic roles in working with an individual or couple, because that could establish a dual relationship where the clinical and forensic role could be in conflict with one another.
2. The assessments that may be included in this file are for clinical purposes only. Unless specifically noted otherwise, the assessments that may be included in Dr. Ross' file for you are NOT intended or valid for forensic purposes. Specifically, all instruments (questionnaires) are self report where a person may respond in any manner whatsoever (based on their perception that may or may not be accurate, respond according to an individual's personal agenda, may over or under report, etc.). These instruments do NOT include a validity scale that can verify different aspects of the client's responses including possible under or over-reporting and consistency of responses, for example. Instruments such as the MMPI-2 which in many cases is an acceptable instrument for forensic purposes include several validity scales; however, none of the instruments included in this file include validity scale(s).
3. Statements made by a client may be included in progress notes and simply represent their statement, perception, or perhaps their point of view. Just because they are in the note/file does not mean they are "fact" or "true" in any manner. Inclusion in the note may simply mean that the statement was made or observed. Unless specifically stated in the note, these statements have not been verified for accuracy or corroborated in any way.
4. Any interpretations, conceptualizations, or perceptions when included in the note or elsewhere in this file are likely tentative or form a part of the process for working clinically with a client(s). Unless specifically noted otherwise, they are not to be intended and are NOT valid for forensic purposes.
5. When a client seeks counseling services initially for a clinical or relationship concern, information in the file and work with this client may or may not be applicable to meet a future or other need such as forensic (legal) or disability evaluation. If needed, Dr. Ross may be able to provide a referral to another provider who may be able to assist in these matters.

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