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**BAYLOR PSYCHOLOGY CLINIC AND THE SOCIAL DETERMINANTS OF HEALTH CLINIC**

THIS NOTICE DESCRIBES HOW DRUG AND ALCOHOL-RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

PLEASE REVIEW IT CAREFULLY

General Information

The Baylor Psychology Clinic and the Social Determinants of Health Clinic (“Specialty Clinic”) provides an array of health care services, including substance use disorder diagnosis, treatment, and referral for treatment. As described inthe Specialty Clinic’s Notice of Privacy Practices, Client medical records are protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Certain substance use disorder records are also protected by the federal regulations governing the Confidentiality of Substance Use Disorder Client Records (42 CFR Part 2 (“Part 2”).

TheSpecialty Clinic’s Part 2 unit consist of clinicians when providing screenings, brief interventions, and referral to treatment services and clinicians providing the therapeutic services.

The above identified units are the Specialty Clinic’s Part 2 Program. Records fromthe Specialty Clinic’s Part 2 Program are protected as described in this Notice. In accordance with 42 CFR § 2.22, the following is a written summary of the Part 2 regulations:

* Generally, because the Specialty Clinic is a Part 2 Program, clinicians and other people working in the Specialty Clinic can only say you received substance use screening, brief intervention, and treatment or disclose outside the Part 2 Clinic information identifying you as having or having had a substance use disorder if you give written consent. This includes your portions of psychotherapy record.

NOTE: In Texas, minors have the right to consent to their own substance use screening, brief intervention, and treatment. In order to disclose the information that minors share during these interactions, a signed written release to the parent is necessary.

* However, federal law permits the Clinic to disclose information *without* your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on the Baylor Psychology Clinic premises or against any Baylor Psychology Clinic personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order

* Violation of the federal law and regulations at Part 2 is a crime and suspected violations may be reported as follows:

Staff may seek the assistance of an appropriate law enforcement agency or report the crime. Staff may provide the law enforcement with the circumstances of the crime, the suspect’s name, address, last known whereabouts, and status as a client of the Clinic.

* + - * After receiving and reviewing this form, we will ask you to acknowledge that you have received it. If you have any questions about this form or its content, please let a member of our staff know at 254-710-2470.

Effective Date

Acknowledgment

I hereby acknowledge that I received a copy of this notice.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Signature of Client*)