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THIS NOTICE DESCRIBES HOW PRIVACY AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

I have adopted the following policies and procedures for protection of the privacy of my clients. I believe these policies are in your best interest.

**My Legal Duty**

I am required by federal and state law to maintain the privacy of your Protected Health Information (PHI). I am also required to give you this notice about my privacy policies and practices, my legal duties, and your rights regarding confidentiality and your PHI. I will follow these policies and practices as described in this notice as long as it is in effect. This notice is in effect immediately and will remain in effect until it is revised or replaced.

I reserve the right to change my privacy practices and the terms of this notice at any time provided such changes are permitted by law. Any significant changes to this notice will be available upon request before those changes take effect. You may request a copy of my current Notice of Privacy Practices at any time.

**Uses of Protected Health Information (PHI)**

I will generate paper and/or electronic health records containing information about you in order to provide services to you. Your signature on the consent form authorizes my use and disclosure of your PHI for the following purposes:

1. To plan and provide treatment.
2. Consultation with other mental health professional about my treatment with you.
3. Disclosures required by health insurers or other third party payers for payment of services rendered to you.
4. Limited necessary information used by administrative staff to arrange for insurance or other third-party payers to pay for services rendered to you.
5. Collection of overdue fees as discussed later in this Notice.

All professional and administrative associates are bound by the same rules of confidentiality that I am. However, in terms of your insurance or other third party payer, I cannot be responsible for what they do with your information once they have it.

**Limits to Confidentiality**

There are specific situations in which I am required or permitted by law to disclose your PHI without your consent. These include:

1. Emergencies: In medical or psychological emergencies I will disclose health information, as needed, to enable appropriate care for you.
2. Child Abuse, Elder Abuse, Disabled Person Abuse or neglect: I will report cases of abuse or neglect of children, elders, or disabled persons to appropriate state or local authorities.
3. Duty to Warn or Protect: if you are a danger to yourself or others, I will disclose information necessary to protect you or others as allowed by law.

**Court Orders: A court may require disclosure of your PHI without your consent. A simple subpoena from an attorney is not usually sufficient for this disclosure unless you have named me in a lawsuit for malpractice.**

4. In some circumstances, your PHI may be disclosed without your consent to:
  - a. Public health authorities;
  - b. Law enforcement officials;
  - c. Correctional institutions (regarding inmates);
  - d. Federal officials for lawful military or intelligence activities;
  - e. Coroners, medical examiners and funeral directors; and
  - f. Other entities when required by law.

I will follow the provisions of 42 CFR part 2 governing disclosure of PHI. Except for the circumstances described above, I will not disclose PHI to a third party without your written permission or a court order. If I receive a request for your patient record and there is no written consent accompanying the request, and I do not have your valid written consent on record (written consents are time-limited for your protection), I will contact you and ask whether or not you wish to authorize disclosure. If you refuse to authorize disclosure, or I am unable to contact you, I will not disclose your information without a court order.

**You may cancel an authorization at any time** by notifying me, in writing, of your desire to cancel it. This does not affect information already disclosed based on prior authorization.

### **Your Legal Rights**

Under federal HIPPA rules, you have certain rights regarding your PHI. They include the following:

1. **The right to request confidential communications.** You may request that phone messages re appointments or other matters, bills, explanation of benefits or other communications be made in a confidential manner as long as you provide a means for me to process payment transactions.
2. **The right to review and copy your record.** Information about you is kept in three different records or files: 1) your payment ledger, which includes dates and services provided, fees charged and collected from you and any other payment source. It may also include a diagnosis, your birth date and social security number, all of which are required for insurance reimbursement; 2) your Clinical Record, which includes demographic information as well as diagnosis, treatment plans, progress on treatment goals, referrals made, medical and social history, consultations, and other pertinent clinical information other than my psychotherapy notes. Psychotherapy Notes are the third record and are kept separate from your clinical record. These are used by me to plan and assess your treatment and are not available for disclosure without your specific written consent.

Usually, you may examine and/or receive a copy of your Clinical Record if you request it in writing. This may not be true if disclosure is reasonably likely to endanger you and/or others, or when another individual (other than another health care worker) is referenced and disclosing that information puts the other person at risk of sustaining substantial harm. I recommend that you review these records in my presence or that you have them forwarded to another mental health professional so you can discuss the contents. A written report of examination and treatment may be provided in lieu of complete copies of your records, consistent with Florida statute 455.667(4). In most circumstances you will be charged a reasonable copying fee. If I believe I must refuse your request to review your records, you have a right to appeal my decision.

3. **The right of parents to view their minor child's record.** Parents of clients under 17 years of age, who are not emancipated, may have the right to examine their child's treatment records. Because privacy in psychotherapy is critical to successful progress, particularly with teenagers, it is usually my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them with general information about their child's progress and any information that is deemed necessary for the safety and security of the child. This arrangement will be discussed in detail with any parent and child before treatment commences.
4. **The right to request amendments to your PHI.** You may request corrections to your PHI record if you believe that any of the information is incorrect or that important information is missing. You must make these requests in writing. If I deny your request, I will tell you why. You have the right to submit a statement disagreeing with my decision.
5. **The right to an accounting of disclosures of PHI.** You may request a written list of all disclosures made of your PHI. This written list is called an accounting. Requests may include accountings up to six years prior to the date of your written request. However, I am not required to include disclosures for services, payment or operations or for national security or intelligence purposes, or to correctional institutions and law enforcement officials. Requests for an accounting of disclosures must be submitted in writing. You are entitled to one free accounting in any twelve month period. You may be charged for the cost of providing additional accountings.
6. **Right to obtain a copy of this notice.** You may request and receive a paper copy of this notice and any revisions to the notice at any time.
7. **Complaints.** You have the right to complain to me and to the United States Secretary of Housing and Urban Development if you believe I have violated your privacy rights. There is no risk in filing a complaint.

**If you feel that your privacy rights have been violated,** you disagree with my decision about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI, you may complain to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

OCR Hotlines-Voice: 1-800-368-1019

I fully support your right to protect the privacy of medical information. I will not retaliate in any way if you choose to file a complaint.

Document Originated: 8/1/07