

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice contains provisions required by federal HIPAA regulations. It describes how psychological and medical information about you may be used and disclosed, and how you can access this information or have it sent to others whom you designate. Please review the provisions and ask any questions you may have.

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

We may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health professional.
 - *Payment* is when we obtain reimbursement for your healthcare. For example, under some circumstances we might need to disclose your PHI to your health insurer in order to help you obtain reimbursement for your health care or to help in determining eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our 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.
- “*Use*” applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.
- “*Consent*” to these routine and necessary uses of PHI is a part of your general consent to treatment, included in the intake form you completed during your initial visit to us.

II. Uses and Disclosures Requiring Specific Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations if your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits the ordinary disclosures described above. When we are asked for information for purposes beyond treatment, payment and health care operations, we will obtain an authorization from you before

releasing this information. We will also need to obtain additional authorization if there is reason to release psychotherapy notes. “*Psychotherapy notes*” are notes we have made about our conversations during a private, group, joint, or family counseling session. These notes are handled differently from the rest of your medical record. These notes are given a greater degree of protection than other PHI.

You may revoke all such specific authorizations (to disclose PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization if (1) we have already acted relying on your prior authorization; 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 with Neither Consent nor Authorization

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

- **Child Abuse:** If we know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If any complaint is filed against us with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from us relevant to that complaint. Also, recent state law and rules require for us to report to the Department and Board if we learn that another licensed mental health professional has been sexually involved with a patient under their care (even if that patient does not authorize the disclosure). If this situation applies to you, you may wish to delay providing the name of such professional until after we have had the opportunity to discuss all your options.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your legal representative. However, if we have received a subpoena, you have been properly notified, and you have failed to inform us that you are opposing the subpoena, we may be required to act on it without your authorization. We also must always release

information if an actual court order demands the release. Privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered. In such circumstances, we will discuss the situation with you before beginning the evaluation.

- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

IV. Patient's Rights and Psychologist'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, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means or 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 might not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process and what sorts of information are available to you.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we 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 regarding you. On your request, we 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 this notice upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify all active clients with the next regular billing and mail a copy of the revisions on request.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact your primary psychologist or any other member of our staff to discuss your concerns: Dr. Barbara Goldman 305 321 3070 or Dr. Philip Boswell 305 321 3645.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The persons listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice first went into effect on April 14, 2003.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If such changes are made, we will notify all currently active clients with the next regular billing and provide a copy on request. The revised version of the notice will be provided to new or returning clients at the time of intake.