

Orlando Counseling Specialists

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HIPPA NOTICE OF PRIVACY PRACTICES

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.

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (*PHI*). By law I am required to insure that your *PHI* is information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with the Notice about Privacy Procedures. The "Use" of *PHI* means when I share, apply, utilize, examine, or analyze information within my office; *PHI* is "disclosed" when I release, transfer, give, or otherwise reveal it to a third party outside my office. With some exceptions, I may not use or disclose more of your *PHI* than is necessary to accomplish the purpose for which the use of disclosure is made; however, I am always legally required to follow privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to your *PHI* already on file. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may request a copy of this Notice from me at any time.

I am permitted to use and disclose your *PHI* without specific prior written authorization for the purposes of **treatment, payment, and health care operations**.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy, medication management, etc.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be providing your *PHI* to your insurance company for processing purposes.
- **Health care operations** include the business aspects of running the office, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. I may also provide your *PHI* to my attorneys, accountant, consultants, and others to make sure that I am in compliance with applicable laws.

In addition, your *PHI* may be used without your consent or authorization for the following reasons:

1. When disclosure is required by Federal, State, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in administrative proceeding.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a government law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to Florida Health and Safety Codes or to corresponding Federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. I may provide *PHI* to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Florida DCF Elder/Dependent Adult Abuse reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the Florida DCF Elder/Dependent Adult Abuse reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonable identifiable victim or victims.
10. For public health activities. For example, in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
11. For health oversight activities. For example, I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

12. For specific government functions. For example, I may disclose *PHI* of military personnel and veterans under certain circumstances. Or in the interests of national security, such as providing the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, I may provide *PHI* in order to conduct medical research.
14. For Workman's' Compensation purposes. I may provide *PHI* in order to comply with Workman's' Compensation laws.
15. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
16. I am permitted to contact you, without your prior authorization, to provide appointment reminders/confirmations or information about alternative or other health related benefits and services that may be of interest to you.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. For example, when compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

There are certain uses and disclosures that require you to have the opportunity to object, such as disclosures to family, friends, and others. I may provide your *PHI* to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

Other uses and disclosures require your prior written authorization. In any other situation not described above, I will request your written authorization before using or disclosing any of your *PHI*. Even if you have signed an authorization to disclose your *PHI*, you may later revoke that authorization in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization) of your *PHI* by my office.

YOU HAVE CERTAIN RIGHTS REGARDING YOUR *PHI*

- The right to see and get copies of your *PHI*. In general, you have the right to see your *PHI* that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your *PHI*, but know who does, I will advise you how to obtain it. You will receive a response from my office within 30 days of receiving your written request. Under certain circumstances, I may feel that I must deny your request, but if I do I will give you in writing the reasons for the denial I will also explain your right to have my denial reviewed. If you ask for copies of your *PHI*, I will charge you not more than \$0.25 per page. I may see fit to provide you with a summary or explanation of the *PHI*, but only if you agree to it, as well as the cost, in advance.
- The right to request limits on uses and disclosures of your *PHI*. You have the right to ask that I limit how I use and disclose your *PHI*. While I will consider your request, I am not legally bound to agree. If I do agree to our request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- The right to choose how I send your *PHI* to you. It is your right to ask that your *PHI* be sent to you at an alternate address (for example, your work address rather than your home address) or by an alternate method. I am obliged to agree to your request, providing that I can give you the *PHI* in the format you request without undue inconvenience.
- The right to get a list of the disclosures I have made. You are entitled to a list of disclosures of your *PHI* that I have made. The list will not include uses or disclosures to which you have already consented, such as treatment, payment, or health care operations, sent directly to you or your family; neither will the list include disclosures made for national security purposes to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of disclosure, to whom *PHI* was disclosed (including address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide reasonable sum based on a set fee for each additional request.
- The right to amend your *PHI*. If you believe that there is some error in your *PHI* or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the *PHI* is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone else. My denial must be in writing and must state the reasons for denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your *PHI*. If I approve your request, I will make the change(s) to your *PHI*.
- The right to complain about my privacy practices. If, in your opinion, I may have violated your privacy rights, or if you object to a decision made about access to your *PHI*, you are entitled to file a complaint with me. You may also send a written complaint to: Secretary of the Department of Health and Human Services; 200 Independence Avenue S.W.; Washington, D.C. 20201.

This Notice is effective as of April 15, 2003, and a copy of it will be provided to you upon request.