

Notice of Privacy Practices

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 01/01/2023

NOTICE OF PRIVACY PRACTICES

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

I. Confidentiality

As a rule, I will not disclose information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and may contain the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, we do not routinely disclose information in such circumstances, so we will require your permission in advance through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting us.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality.

We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency:** If you are involved in in a life-threatening emergency and we cannot ask your permission, we will share information if we believe you would have wanted us to do so, or if we believe it will be helpful to you.
- **Child Abuse Reporting:** If we have reason to suspect that a child is abused or neglected, we are required by Florida law as mandatory reporters to report the matter immediately to the Florida abuse registry and if necessary local law enforcement.
- **Adult Abuse Reporting:** If we have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by Florida law to immediately make a report and provide relevant information to the Florida abuse registry and if necessary local law enforcement.

- Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information unless you provide written authorization, or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so you can file a motion to block the subpoena.

- Serious Threat to Health or Safety: Under Florida law, if we are engaged in professional duties and you communicate to your therapist a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking emergency services assistance.

Other uses and disclosures of information not covered by this notice or by the laws that apply to us will be made only with your written permission. [This sentence is now required under the HIPAA "Final Rule"]

III. Client's Rights and Provider's Duties:

- Right to Request Restrictions-You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information disclosed about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may request that we limit the information disclosed. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

- Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of Protected Health Information (PHI) for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, We will discuss with you the details of the accounting process

- Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, we may charge a fee for costs of copying and mailing. We may deny your request to inspect and copy in some circumstances.

- Right to a copy of this notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Changes to this notice: We reserve the right to change our policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date. A new copy will be given to you upon request. We will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to our office. You may also send a written complaint to the U.S. Department of Health and Human Services.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.