

NOTICE OF PRIVACY PRACTICES

Overview

This notice provides you with information about how your mental health records at my office may be used, the rights you have as a patient, and my legal duties as a provider of treatment. I am required to provide you with this notice under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which took effect on April 14, 2003. This law is designed to protect the confidentiality of your treatment and records created as part of your treatment. Please review it carefully. Let me know if you have any questions or would like additional information.

How I May Use and Disclose Health Information about You, With Authorization

- Treatment- This is when I provide or coordinate your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist
- Payment-Your PHI may be disclosed in order to collect payment for services provided or to determine insurance eligibility or coverage.
- Operations-Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations include quality assessment and improvement activities, business-related matters such as audits and administrative services, care coordination, accreditation, certification, licensing or credentialing activities.

How I May Use and Disclose Health Information about You, *WITHOUT* Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances, as required by state and Federal law:

- Prevention of serious harm, or death, to yourself or others.
- Child Abuse: If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Florida Department of Social Services
- Abuse of Elderly or Incapacitated Adults: If I have reason to suspect that an incapacitated adult (e.g. someone who is not able to advocate for himself or herself) is being abused, neglected or exploited, I am required by law to make a report and provide relevant information to the Florida Department of Social Services.
- If required to do so by federal, state or local law.
- In response to a court order, subpoena, warrant, summons or similar process.
- Supervision: I may discuss your treatment with colleagues to improve the quality of your care. However, your name or other identifying information that could identify you will not be used.
- Disclosure may be made if a therapist must arrange for legal consultation if a patient takes legal action against a therapist.

Other Uses and Disclosures of Health Information

Except where otherwise required or authorized by law, I will not use or disclose your health information for any purpose without your written authorization. If you authorize me to use or disclose health information about you, you may revoke your authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose your health information for the reasons covered by your written authorization, but I cannot take back any uses or disclosures I have already made with your permission.

Your Rights Regarding Your Health Information:

- Right to Request Restrictions – you have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, I can send your communications to an address other than your home if you request.
- Right to Inspect Records – You may inspect and copy your health information, with certain exceptions.
- Right to Amend- If you believe that the health information I have about you is incorrect or incomplete, you may ask us to amend the information.
- Right to a paper copy- You have the right to receive a paper copy of this notice.

If you have any questions or wish to exercise any of these rights, please let me know with a written request at any time.

Private Safeguards

This office has developed appropriate administrative, technical, and physical safeguards to protect the privacy of your Protected Health Information. These including placing locks on file cabinets, shredding documents with identifying information, using passwords on computers, as well as other safeguards.

Uses and Disclosures Involving Personal Representatives

Where an incapacitated patient has a guardian or legal representative with authority to make health care decisions for the patient, I must treat the guardian or legal representative as the patient with respect to PHI. If the patient is a minor child, the therapist must treat the parent (or legal guardian) as the patient with respect to PHI. However, if the therapist has reasonable belief that a parent, guardian, or legal representative has subjected or may subject the patient to abuse or neglect or otherwise endanger the patient, and believes that it is not in the patient's best interest to release such information, the therapist may elect not to treat the parent or guardian as the patient and hence not disclose confidential information. A parent or guardian may allow a confidentiality agreement between the minor patient and the therapist.

Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Alyson Landeros at 813-546-6995. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Alyson Landeros at 25344 Wesley Chapel Boulevard, Lutz, FL 33449.

You may also file a complaint with the Department of Health or Secretary of the U.S. Department of Health and Human Services.

Effective Date, Restrictions and Changes to this Privacy Policy

This notice will go into effect on July 14, 2014. I have the right to change this notice. If I do so, the new notice will apply to the health information we may already have about you and to the health information that we receive in the future. I am required to abide by the most current notice that is in effect. You are entitled to receive a copy of the most current notice.