

# Notice of Privacy Practices

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*\* indicates a required field*

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## NOTICE OF PRIVACY PRACTICES

This notice is effective December 1, 2021.

This notice describes how psychological and medical information may be used and disclosed and how you can access this information. Please review it carefully.

### Safeguarding Your Protected Health Information

Individually identifiable information about your past, present, or future health concerns, the provision of healthcare to you, or payment for healthcare is considered "Protected Health Information" (PHI). By law I am required to insure that your PHI is kept private. This notice explains how, when, and why I may use or disclose the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

### How I May Use and Disclose Your Protected Health Information

I use and disclose PHI for a variety of reasons. I may use and/or disclose your PHI for purposes of providing or coordinating treatment to obtain payment for services provided, and to complete healthcare operations related to the performance or operation of this practice. The following offers more description and some examples of the potential uses and disclosures of your PHI:

1. Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent

❖ For treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care. I will usually get your written permission before I do this.

❖ For health care operations. I may disclose your PHI to your insurance company for the purposes of fee reimbursement.

2. Uses and Disclosures for Which Special Authorization Will Be Sought

For uses beyond treatment and operations purposes, I will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization under the following circumstances:

- ❖ To report known or suspected child abuse or neglect to the Florida Department of Children and Families Florida Abuse Hotline as required by law.
- ❖ To report known or suspected abuse of neglect of an elderly or disabled person to the Florida Abuse Hotline as required by law.
- ❖ When there is serious threat to the health or safety of yourself or others. If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will need to take further measures without their permission that are provided to me by law to ensure their safety. If a client threatens serious bodily harm to another person/persons, I must notify the police and inform the intended victim(s). Under certain specific circumstances, I may also be authorized to disclose certain PHI to a known person or persons whose health and/or safety might be at serious risk. I would discuss this with you first.
- ❖ In certain judicial or administrative proceedings such as Health Oversight activities, unopposed subpoenas or court orders, certain law enforcement activities and Worker's Compensation claims

If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose relevant PHI. For example, if a client files a complaint or lawsuit, a therapist may disclose relevant information regarding that client in the defense proceedings. If a client files a worker's compensation claim, a therapist might be required, upon appropriate request, to furnish all treatment reports to the patient's employer and to the patient or his/her attorney.

3. How You May Have Access to or Control of Your Protected Health Information The following is a description of the steps you may take to access or otherwise control the disposition of your PHI:

- ❖ To request restrictions on uses/disclosures: You may ask that I limit how I use or disclose your PHI. I will make every effort to honor your request, but I am not legally bound to agree to the restriction. To the extent that I do agree to such restrictions, I will abide by such restrictions except in emergency situations. I cannot agree to limit uses/disclosures that are required by law.
- ❖ To choose how I contact you: You may ask that I send you information at an alternative address or by alternative means. I will agree to your request so long as it is reasonably easy for us to do so.
- ❖ To inspect your PHI: You have a right to receive a treatment summary of your PHI. If you request a treatment summary one will be provided to you, however there may be a reasonable charge.
- ❖ To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that I correct or add to the record. If I approve the request for amendment, I will change the PHI and so inform you. I will also inform any others who have a need to know about such changes.
- ❖ You may receive a paper or electronic copy of this notice upon request.

4. Concerns

If you are concerned that there has been a violation of your privacy rights or if you disagree with decisions made about access to your records, you may contact me directly, Paula Rodriguez, LMHC, (772) 324-9290 or submit your concerns in writing to the Secretary of the US Department of Health and Human Services.

5. This Notice of Privacy Practices is available in its entirety at your request.

**\* My signature indicates that I have received and reviewed a copy of this notice.** \_\_\_\_\_

I consent to sharing information provided here.