



FLORIDA NOTICE FORM

Notice of Mental Health Practitioner's Policies & Privacy Practices to Protect the Privacy of Your Health Information

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

The law required that you be provided with this Notice of the legal duties and the privacy practices with respect to your PHI (Protected Health Information). We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so.

For purposes of this Notice “us”, “we” and “our” refers to any practitioner or employee at Pines Psychological Associates, P.A. and “you” or “your” refers to our patients (or their legal representative as determined by us in accordance with Florida informed consent law). Florida Law and Health Insurance Portability & Accountability Act of 1998 (HIPAA) require practitioner’s to maintain the confidentiality of all your health care records and other individually identifiable health information used by or disclosed to us in any form, whether electronically, on paper, or orally. is a federal law that gives you significant new rights to understand and control how your health information is used. If you have any questions about this Notice, please ask to speak to Juanita Vidal-Brinson, our privacy officer.

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I. **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE**

OPERATIONS

Your **protected health information (PHI)** may be **used** or **disclosed** for **treatment, payment, and health care operation purposes** with your **consent**.

In order to provide you with or coordinate health care treatment and services, we may review your health history to form a diagnosis and treatment plan, consult with other practitioners about your care, delegate tasks to ancillary staff, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other providers, etc.

In order to bill or collect payment from you, an insurance company, a managed care organization, a health benefits plan, or a third party may need to verify your insurance coverage. We may also need to submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan.

To run our office efficiently, you may be contacted by telephone, mail or e-mail. Please inform the office of the numbers that you want to be reached at and the procedure you want us to follow when or if another individual answers the call. We will automatically leave a message with the numbers you provide and mail information to the address you list us unless you indicate otherwise. Notification by you must either be in writing or indicated specifically on your other paperwork provided to you by the office.

II. USES AND DISCLOSURES REQUIRING AUTHORIZAION

You may request **"authorization"** to use or disclose information for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An **"authorization"** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your practitioner is asked for information for purposes outside of treatment, payment and health care operation, they will obtain an authorization from you before releasing your psychotherapy notes. **"Psychotherapy notes"** are notes that have made about conversations during a private, group, joint, or family counseling session, consultation, or testing administration which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation in writing. You may not revoke an authorization to the extent that (1) the practitioner has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer to the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITH NEITHER CONSENT OR AUTHORIZATION

Exceptions to maintaining privacy occur under state law and under strictly limited circumstances. Under these circumstances, your PHI may be used or disclosed without your permission, consent, or authorization for the following purposes:

Serious Threat to Your Health or Safety or the Health or Safety of Other Persons: When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, communication and relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities will be disclosed.

Child Abuse: If there is a 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 the practitioner report such knowledge or suspicion to the Florida Department of Child and Family Services.

Adult and Domestic Abuse: If there is a reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, the law requires the practitioner to report such suspicion to the Central Abuse Hotline.

Health Oversight: If a complaint is filed against your mental health practitioner with the Florida Department of Health on behalf of the Board of Psychology, the Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling, or Florida Board of Medicine and Nursing, the Department has the authority to subpoena confidential mental health information from the practitioner relevant to that complaint.

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, information will not be released without the written authorization of you or your legal representative, or a subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Worker's Compensation: If you file a worker's compensation claim for a work related injury or illness, your PHI and relevant records must be furnished upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier.

To Family Members, Friends and Others: If you are in an emergency situation involving you or another person (e.g. your minor child) and you cannot consent to your care because you are incapable of doing so or you cannot consent to the other person's care because, after a reasonable attempt, we have been unable to locate you, we may, based on professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person. In these emergency situations, your PHI will be disclosed, but only as it pertains to the care being provided and you will be notified of the specific disclosures as soon as possible after the care is completed.

IV. 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, the provider is 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, you may not want a family member to know that you are being seen. Upon your request, your bills will be sent to another location).

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in the 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, your practitioner will discuss with you the details of the request process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. This request may be denied. On your request, you will have a discussion with your practitioner about 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, you practitioner 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 the Notice even if you have agreed to receive the notice electronically.

V. COMPLAINTS

If you are concerned that your privacy rights have been violated, or you disagree with a decision that was made about access to your records, you may contact the Security of Department of Health & Human Services. There will not be any retaliation against you for exercising your right to file a complaint.

VI. EFFECTIVE DATE RESTRICTIONS AND CHANGES TO PRIVATE POLICY

This notice is currently in effect and has been so since May 1, 2006. Your practitioner reserves the right to change the terms of this notice at any time as authorized by law and to make the new notice provisions effective for all PHIs that the office maintains. The changes will be effective immediately. If changes are made, they will be posted along with its effective date, in the business office. Also, upon request, you will be given a copy of the current Notice.