

Center for Health, Learning & Achievement

310 Waymont Court, Unit 104
Lake Mary, FL 32746
(407) 718-4430
(321) 363-1041 Fax

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.

Privacy is a very important concern for all those who come to my office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions my Privacy Officer will be happy to help you understand my procedures and your rights. His or her name and address are at the end of this Notice.

A. Introduction - To my clients

This Notice will tell you how I handle your medical information. It tells how I use this information in my office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated and I don't want to make you read a lot that may not apply to you, I have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanations or more details.

B. What I mean by your medical information

Each time you visit my, any doctor's office, hospital, clinic, or any other what are called "healthcare providers" information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me or from others, or about payment for healthcare. The information I collect from you is called, in the law, PHI, which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at the office.

In this office this PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other service, which I think, will be best to help you.
- Progress notes. Each time you come in I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here.

I use this information for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.

- When I talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to me.
- To show that you actually received the service from me which I billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy I can make one for you (but may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations you cannot see all of what is in your records.* If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend (add information to) your record although in some rare situations I don't have to agree to do that. If you want, our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

C. Privacy and the laws

I am also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA law requires me to keep your Personal Healthcare Information (or PHI) private and to give you this notice of my legal duties and my privacy practices which is called the **Notice of Privacy Practices** (or **NPP**). I will obey the rules of this notice as long as it is in effect but if I change it the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new Notice in my office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time.

D. How your protected health information can be used and shared.

When your information is read by me and used by me to make decisions about your care that is called, in the law, “**use**.” If the information is shared with or sent to others outside this office, that is called, in the law, “**disclosure**.” Except in some special circumstances, when I use your PHI here or disclose it to others I share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared) and so I will tell you more about what I do with your information.

I use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes and I will explain more about these below. For other uses I must tell you about them and have a written Authorization from you unless the law lets or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures of PHI in healthcare *with your consent*.

After you have read this Notice you will be asked to sign a separate **Consent form** to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for my services, or some other business functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows me to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next I will tell you more about TPO.

1a. For treatment, payment, or health care operations.

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. Therefore you must sign the Consent form before I begin to treat you because if you do not agree with the consent I cannot treat you.

When you come to see me, I may collect information about you and all of it may go into your healthcare records here. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these mean.

For treatment

I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you. I am likely to share your information with your personal physician. I may refer you to other professionals or consultants for services I cannot provide. When I do this I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment

I may use your information to bill you, your insurance, or others so I can be paid for the treatment I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatment you have received, and the changes I expect in your condition. I will need to tell them about when we met, your progress, and other similar things.

For health care operations

There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

1b. Other uses in healthcare:

Appointment Reminders: I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call you only at your home or your work or prefer some other way to reach you, I usually can arrange that. Just tell me.

Treatment Alternatives: I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other Benefits and Services: I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business Associates. There are some jobs I hire other businesses to do for me. In the law, they are called my Business Associates. Examples include a copy service I use to make copies of your health records and a billing service who figures out, prints, and mails my bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

2. Uses and disclosures that require your *Authorization*

If I want to use your information for any purpose besides the TPO or those I described above I need your permission on an **Authorization form**. I don't expect to need this very often.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information I had already disclosed with your permission or that I had used in my office.

3. Uses and disclosures of PHI from mental health records that don't require a Consent or Authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information.

When required by law

There are some federal, state, or local laws, which require me to disclose PHI.

- I have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. This involves me asserting, on the client's behalf, their right to privileged information.
- I have to disclose some information to the government agencies, which check on me to see that I am obeying the privacy laws.

For Law Enforcement Purposes

I may release medical information if asked to do so by law enforcement official to investigate a crime or criminal as the law requires.

For public health activities

I might disclose some of your PHI to agencies, which investigate diseases or injuries as the law requires.

Relating to decedents

I might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants, as the law requires.

For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety

If I come to believe that there is a serious threat to your health or safety or that of another person or the public I am required by law to disclose some of your PHI. This will only be provided to the required persons by law.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about whom you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law.

If it is an emergency - so I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

5. An accounting of disclosures

When I disclose your PHI I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

E. Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place, which is more private for you. For example, you can ask me to call you at home, and not at work to

schedule or cancel an appointment. I will try our best to do as you ask.

2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. This excludes "psychotherapy notes" these are notes that I may write which record the conversation between you and I during a private counseling, group, joint or family session. The "psychotherapy notes: are protected by federal law and are for me only. If I decide to keep "psychotherapy notes", with regards to my treatment with you, an authorization from you will have to be provided if these particular notes are requested by another provider. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights, which are granted to you by the laws of our state and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or our health information privacy policies, please contact my Privacy Officer, Alicia N. Braccia LSP #SS710 at Center for Health, Learning & Achievement, 101 Timberlachen Cr. Suite 101 and 201, Lake Mary, FL 32746. Contact number is 407-718-4430.

The effective date of this notice is July 14, 2014

Signature of Client

Date of Signature

_____ I acknowledge that I have received a copy of this form. (initials)