

Health Insurance Portability and Accountability Act (HIPAA)

NOTICE OF PRIVACY PRACTICES TO PROTECT YOUR HEALTH INFORMATION
Overview

This notice provides you with information about how your mental health records might be used, my legal duties as a provider of treatment, and the rights you have as a patient at this office. 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.

1. Uses and Disclosures for Treatment, Payment, and Health Care Options

As part of your treatment, I (your therapist or any staff member of this office acting on your behalf) will record, maintain, and use individually identifiable health care information about you. This may include information describing your history, symptoms, test results, diagnosis, treatment, treatment plan, billing, and health insurance information.

I may disclose your protected health information (PHI) for treatment, payment, and health care operations **with your consent**. A) 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; your family physician or another therapist. B) Payment. Your PHI may be disclosed to collect payment for services provided.

2. Uses and Disclosures Requiring Authorization

Without your written consent, I will not use or disclose your medical information for any reason except those described in this notice. I may only use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate written authorization is obtained.

I will also need to obtain a separate authorization before releasing your Psychotherapy Case Notes. Psychotherapy Case Notes are notes that I write during our couple's, individual, or family counseling sessions. These notes are separate from the rest of your medical record and are given a greater degree of protection than other PHI.

You have a right to refuse to authorize a release of your information to others, with certain exceptions that are listed below. You may revoke all such authorizations at any time, provided each revocation is in writing, but this will not affect prior authorized uses or disclosures.

3. Uses and Disclosures with Neither Consent nor Authorization

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

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- **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. I will discuss this with you as appropriate.
- **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. I will discuss this with you as appropriate.
- **Health Oversight.** Should I be the focus of an inquiry, the Florida Board of Health Professions, including the Boards of Medicine, Psychology, Social Work, and Marriage and Family Therapy, have the power to subpoena relevant records.
- **Judicial or Administrative Proceedings (Court Orders).** If you are involved in a court proceeding and a request is made for information about your treatment, I will not release information without your written authorization. If I receive a subpoena for your records (of which you have been served, along with the proper notice required by state law), I am required to respond. I will attempt to contact you first to see if you consent to a release. If you object, you may file a motion with the clerk of the court to quash (block) the subpoena. I am then required to place your records in a sealed envelope and provide them to the clerk of the court so that the court can determine whether the records should be released.
- **Serious Threat to Health or Safety of Others.** If you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified or to a readily identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect the threatened person.
- **Danger to Self.** I can break confidentiality if you (or your child) are in danger of hurting yourself, to keep you (or your child) safe. This may include notifying emergency personnel.
- **Worker's Compensation.** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant PHI to you, your employer, the insurer, or a certified rehabilitation provider.
- **Supervision.** I may discuss your treatment with colleagues to improve the quality of your care; your name or other identifying information that could identify you will not be used.
- **Legal Defense.** If a patient takes legal action against me and I must arrange for legal consultation, disclosure may be made.

4. Patient's Rights

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- 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 have the right to inspect your file including PHI records and billing records, for as long as the PHI is maintained in the record. Because these are professional records, an untrained reader can misinterpret them. Because of this, I require that you initially review them with me or have them forwarded to another mental health professional so you can discuss the contents. I may deny your access to Psychotherapy Case Notes, but in some cases, you may have this decision reviewed. One reason for denial is if I believe that releasing the information would likely cause substantial harm to you (or your child if your child is the patient).
- Right to Amend. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request; if so, I will provide you with a written explanation.
- Right to an Accounting. You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). I must provide you with the accounting within 60 days of your written request.
- Right to a Paper Copy. You have the right to request a copy of the office Privacy Policy from me.

5. Private Safeguards

This office has developed appropriate administrative, technical, and physical safeguards to protect the privacy of your Protected Health Information.

6. 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 for PHI. If the patient is a minor child, I must treat the parent (or legal guardian) as the patient for PHI. However, if I have a 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 believe that it is not in the patient's best interest to release such information, I 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 myself.