

LC Psychotherapy Services, LLC
8 Sorrento Drive, Suite 1
Osprey, FL 34229

HIPAA DISCLOSURE

Effective Date of Notice: 11-11-13

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how medical information about you, including that involving mental health treatment and psychological services may be used and disclosed, and how you can gain access to this information. Please review it carefully.

HIPAA PRIVACY INFORMATION

HIPAA (Health Insurance Portability and Accountability Act) is a federal law that defines Protected Health Information (PHI) and mandates its protection by the providers of certain health care services. It is important that you know the general rights and obligations directed by this law. In addition to the following HIPAA rules, the laws of the state of Florida, including F.S. Ch. 491, the Code of Ethics of the Board of Mental Health Counselors also guide my practice. Mental health practitioners have traditionally maintained much stricter control of patient information than other health providers and that will continue to be the case with my practice. Please contact our office if you have any questions about PHI and our confidentiality practices.

FLORIDA-HIPAA PRIVACY NOTICE FORM

Notice of Mental Health Practitioners Policies and Practices to Protect the Privacy of Your Health Information

This notice describes use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary for quality care. State and federal laws allows me to use and disclose your health information for these purposes. Mental health, psychological, and medical information about you may be used and disclosed and you can have access to this information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

LC Psychotherapy Services, LLC may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

1. Protected health information (PHI) refers to information in your record that could identify you.
2. Treatment is when LC Psychotherapy Services, LLC provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when LC Psychotherapy Services, LLC consults with another health care provider, such as your family physician or another mental health professional.
3. Payment refers to the fees you pay me for services. Health care operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.
4. Use applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
5. Disclosure applies to activities outside this practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

LC Psychotherapy Services, LLC may use or disclose PHI 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 LC Psychotherapy Services, LLC is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. LC Psychotherapy Services, LLC is also required to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes contain documentation of my work with you and include, but are not limited to, our conversations during individual, group, joint, and family counseling sessions, which LC Psychotherapy Services, LLC has kept separate from the rest of your medical record. These notes are given greater degree of protection than PHI. You may revoke all such authorizations at any time, providing each revocation in writing. You may not revoke an authorization to the extent that (1) LC Psychotherapy Services, LLC has relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy. LC Psychotherapy Services, LLC will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent Nor Authorization

Therapy Department may use or disclose PHI without your consent or authorization in the following circumstances:

1. **Child Abuse:** If LC Psychotherapy Services, LLC knows, or have 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 Therapy Department report such knowledge or suspicion to the Florida Department of Child and Family Services.
2. **Adult and Domestic Abuse:** If LC Psychotherapy Services, LLC knows, or has reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or exploited, we are required by law to report such knowledge or suspicion to the Central Abuse Hotline.
3. **Health Oversight:** If a complaint is filed against LC Psychotherapy Services, LLC with the Florida Department of Health on behalf of the Board of Mental Health Counselors, the Department has the authority to subpoena confidential mental health information from LC Psychotherapy Services, LLC relevant to that complaint.
4. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment records, such information is privileged under state law. I will not release this information without a written authorization from you or your legal representative, or a subpoena of which you have been properly notified. **The privilege does not apply when you are being evaluated for a third party, when the evaluation is court-ordered or if you are participating in Behavioral Health Care Court (HCC).** You will be informed in advanced if this is the case and if you are participating with HCC a summary of each therapy visit and appointments attended/missed will be sent to the Court.

5. Serious Threat to Health Safety: When you present a clear and immediate probability of physical harm to yourself, to other individuals or to society, LC Psychotherapy Services, LLC may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement agency or other appropriate authorities.

6. Worker's Compensation: If you file a worker's compensation claim, LC Psychotherapy Services, LLC must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

IV. Patient Rights

1. Right to Request Restriction: You have the right to request restrictions on certain uses and disclosures of protected health information about you. This request to restrict requests must be made in writing. However, LC Psychotherapy Services, LLC is not required to agree to a restriction request.

2. Right to Receive Confidential Communication 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 seeing me.

Upon your request, we will send your bills to another address.

3. Right to Inspect and Copy: You have the right to inspect or obtain a copy of PHI in LC Psychotherapy Services, LLC's mental health and billing records for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may be denied access to Psychotherapy Notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. We shall notify you or your representative if we do not grant complete access. On your request, we will discuss with you the details of the request and denial process. We do charge an administrative fee for copying of pages 1-25 at 50 cents and each additional page at \$25 cents. Also if any copies need to be mailed there will be a charge for postage. Upon your request, we will discuss with you the details of the request process.

4. Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

5. Right to Accounting: You generally have the right to receive accounting of disclosures of PHI regarding you. On your request, LC Psychotherapy Services, LLC will discuss with you the details of the accounting process.

6. Right to Paper Copy: You have the right to obtain a paper copy of the notice from me, upon request, even if you have agreed to receive the note electronically.

V. Mental Health Practitioner Duties

LC Psychotherapy Services, LLC is required by law to maintain privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. LC Psychotherapy Services, LLC reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will provide a revised notice either in person or in writing.

VI. How to Complain About Our Privacy Practices

If, in your opinion, anyone at LC Psychotherapy Services, LLC has violated your privacy rights, or if you object to a decision that was made about access to your PHI, we ask that you notify us first at LC Psychotherapy Services, LLC, 8 Sorrento Drive, Suite 1, Osprey, Florida 34229. You may also send a written complaint to the Secretary of Department of Health and Human Services at: 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

VII. Person to Contact For Information About This Notice Or to Complain About Our Privacy Practices

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Department of Health and Human Services, please contact LC Psychotherapy Services, LLC first. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

By signing this form you except the terms listed above and also give LC Psychotherapy Services consent to provide the necessary information to your insurance company (if applicable) that will allow us to bill for our services.

Client Signature or Guardian or Representative

Date

Print Name

LuAnn Cusic, LMHC

Date