



NOTICE OF PRIVACY PRACTICES FORM

Policies and Practices to Protect the Privacy of Your Health Information when Receiving Psychological and Psychiatric Services

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN 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 InPsych Consultants, P.A. and Dr. Michelle Channing, 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 practitioners 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. HIPAA is a federal law that gives you significant new rights to understand and control how your health information is protected and used.

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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**. "**PHI**" refers to information in your health record that could identify you. "**Use**" applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "**Disclosure**" applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For Treatment . For example, so we can provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist to facilitate your treatment, referrals, or consultations.

For Payment . For example, when we obtain your benefits or receive reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

For Health Care Operations. 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.

For Appointment and Services. 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.

To Individuals Involved in your Care such as your parents, if you are a minor, or your conservator.

With Your Written Authorizaiton we may use or disclose mental health information for purposes not described in this Notice only with your written authorization.

II. USES AND DISCLOSERS REQUIRING AUTHORIZATION

We 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "**Psychotherapy notes**" are notes we have made about our conversation during a private,

group, joint, or family counseling session, which we have 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 is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if 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.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZAITON

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:

Child Abuse: If we know, 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 we report such knowledge or suspicion to the Florida Department of Child and Family Services.

Adult and Domestic Abuse: If we know, or have 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 immediately report such knowledge or suspicion to the Central Abuse Hotline.

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

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, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the 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, we 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.

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. CLIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

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, we are 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 seeing a therapist. Upon your request, we will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you 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. On your request, we will discuss with you the details of the request and denial 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. We may deny your request. On your request, we will discuss with you 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, we 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 from us upon request, even if you have agreed to receive the notice electronically.

Practitioner's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

V. COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer, Heather Tansley at 954-385-6750 or info@InPsychConsultants.com

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY

This notice will go into effect on April 23, 2010. We reserve 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, you will be notified about those changes in your next office visit, by telephone communication, or by mail.