

# Notice of Policies and 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 your access to this information.*

## Uses and Disclosures for Treatment, Payment, and Health Care Operations

Family & Adolescent Counseling Services (FACS) may use or disclose your protected health information (PHI) for treatment, payment and health care purposes with your consent.

- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when FACS provides, coordinates or manages your health care or related services. An example includes consultation with another provider, such as your Psychiatrist.
- *Payment* is when FACS obtains reimbursement for your healthcare. An example includes when FACS discloses your PHI to your health insurer to obtain reimbursement for your health care.
- *Health Care Operations* are activities that relate to the performance and operation of FACS. An example includes quality assessment and improvement activities.
- *Use* applies only to activities within FACS offices, employing, applying and examining information that identifies you.
- *Disclosure* applies to activities outside of FACS offices such as releasing, transferring, or providing access to information about you to other parties.

## Uses and Disclosures Requiring Authorization

FACS 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. FACS will need authorization before releasing any information on your activity at FACS. You may revoke all authorizations at any time in writing. You may not revoke to the extent that (1) FACS has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

## Uses and Disclosures with Neither Consent nor Authorization

- Child abuse – if FACS knows or suspects such, the law requires reporting.
- Adult and domestic abuse – if FACS knows or suspects such, the law requires reporting.
- Health oversight – if a complaint is being filed against FACS with the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from us relevant to the 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 FACS 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 FACS 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.
- Serious threat to health or safety – when you present a clear and immediate probability of physical harm to yourself, to others, or to society, FACS may communicate relevant information to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.
- Worker's Compensation – if you file a claim, FACS must, upon request of your employer, insurance carrier, authorized rehabilitation provider, or attorney for such furnish your relevant records to those persons.

## Patient's Rights:

- Right to request restrictions – on certain uses and disclosures of PHI about you; however FACS is not required to agree to a restriction you request.
- Right to receive confidential communications by alternative means and at alternative locations – you may not want a family member to know you are being treated at FACS and may request that billing be sent to another address.
- Right to inspect and copy – of mental health and billing records about you.
- Right to amend – PHI for as long as it is maintained in record; however, FACS may deny your request.
- Right to an accounting – of disclosures.
- Right to a paper copy – of notices from me.

## Licensed Mental Health Counselor 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.
- 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, We will mail a letter to you indicating a change has been made and provide you a copy of the updated notice.

## V. Questions and Complaints

If you have questions about this notice, disagree with a decision made by FACS or believe that your privacy rights have been violated and wish to file a complaint, you may send a written complaint to: Family & Adolescent Counseling Services - Rick Morris, LMHC 1301 Seminole Blvd – Suite 103 Largo, FL 33770. 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. You have specific rights under the Privacy Rule.

## VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on June 13, 2007. We reserve the right to make changes in this notice. Any changes made to this notice will be posted in the office.