



Notice of Privacy Practices

This notice describes how medical/psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully and sign stating you understand the notice.

Understanding Your Health Record/Information

Each therapy session, a record of your visit is made. Typically, this record contains symptoms, diagnoses, treatment and a plan for future treatment. This information, often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, where and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Holly Smith, LMHC, the information belongs to you. Privacy Rules (PR) specify that you have a right to:

- Request a restriction on certain uses and disclosures of your information as provided by PR 164.522
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health records provided for in PR 164.524.
- Amend your health record as provided for in PR 164.528
- Obtain an accounting of disclosures of your health information as provided for in PR164.528
- Request communication of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that the action has already been taken.

My Responsibilities

This practice is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to my legal duties and privacy practices with respect to information I collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if I am unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and make the new provisions effective for all protected health information I maintain. Should my information practices change, I will mail a revised notice. I will not disclose your health information without your authorization, except as described in this notice.

Initials

If you have questions about this notice or think that your privacy rights have been violated, please contact the privacy officer or the Florida Department of Health

Privacy Officer: Holly Smith, LMHC

Florida Department of Health
Bald Cypress Way
Tallahassee, FL 32399-3260

Use and Disclosure of Your Medical/Psychological Information

For Treatment: I may use your health information to provide you with services. I may disclose information about you to professional colleagues for the purpose of case review and treatment planning. In these cases, no identifying information is provided.

For Payment: I may use and disclose your information for payment purposes.

For Health Care Operations: I may use and disclose your information for the health care operations of this practice. This might include measuring and improving quality, conducting training and getting the accreditations, certifications, licenses and credentials I need to serve you.

Notification: In case of emergency in scheduling or psychological conditions, I will notify a family member, your personal representative or another person designated by you if you are unavailable or unreachable. I will share only the information that is directly necessary for your care, according to my professional judgement.

Court Orders and Judicial and Administrative Proceedings: I may disclose health information in response to a judicial order under certain circumstances. Under limited circumstances, I may share your information with law enforcement officials concerning a crime victim or missing person.

Public Health Activities: As required by law, I may disclose your information to legal authorities charged with preventing injury or harm, including child or elderly abuse or neglect.

Victims of Abuse, Neglect or Domestic Violence: I may disclose information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence. I may share your information if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others.

Workers Compensation: I may disclose information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: I may disclose information to an agency providing health oversight for oversight activities authorized by law including audits, civil, administrative, or criminal investigations for proceedings, inspections, licensure or disciplinary actions or other authorized activities.

I have reviewed the Privacy Policy and was provided with the opportunity to discuss any questions or concerns regarding this information.

Printed Name

Signature of Client

Date