



Broward Psychological Associates, Inc.

NOTICE OF PRIVACY PRACTICES

This notice describes how psychological information about you may be used and disclosed in order to carry out treatment, obtain payment and for other purposes permitted or required by law. It also describes your rights to access and control your protected information. This includes any information that may identify you and that relates to your past, present or future mental health care services.

This notice takes effect on (first date of treatment) _____ and remains in effect until we replace it.

1. Our Pledge Regarding Psychological Information

The privacy of your psychological information is important to us. We understand that your psychological information is personal. We are committed to protecting it. We create a record of the care and services you receive at BPA. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share psychological information about you. We also describe your rights and certain duties we have regarding the use and disclosure of psychological information.

2. Our Legal Duty

Law Requires BPA to:

1. Keep your psychological information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms and notice that now is in effect

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all psychological information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practice, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of your Psychological Information

The following section describes different ways that we use and disclose psychological information. The following list describes all the ways we are permitted to use and disclose psychological information. We will not use or disclose your psychological information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: BPA may use psychological information about you to health care providers or other people who are taking care of you. With your authorization, this includes health care providers to assist them in treating you.

For Payment: BPA may disclose your psychological information for payment purposes

For Health Care Operations: BPA may use and disclose your psychological information to measure and improve quality, evaluate the performance of employees, conduct training programs, licenses and credentials needed to serve you.