

**HIPPA NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE DATE: APRIL 1<sup>ST</sup>, 2014**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR “PROTECTED  
HEALTH INFORMATION” (‘PHI’):**

We understand the importance of privacy and are committed to maintaining the confidentiality of your information. For effective treatment we must collect and record information about you. Most of this information is “protected health information” (PHI). PHI includes information about your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for health care. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to keep your PHI private and to give you this notice about our legal duties and our privacy practices. This notice describes how, when, and why we may use and disclose your PHI and your rights and our legal obligations with respect to your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary information to accomplish the intended purpose of the use or disclosure.

PHI includes any record of service you received including, and not limited to: dates, times, and lengths of your counseling sessions; information you shared during counseling sessions; diagnoses; progress notes; your counselor’s observations of you; your counselor’s assessment of your mental health concerns; results of psychological tests; records we get from others who have treated you; information about medications you are taking; legal matters; and treatment plans.

Information that cannot be traced back to you is not considered part of your PHI, such as: information about an experience you had that many people also had; information that is changed or made vague so that you cannot be associated with it

Most of your PHI is in written form. Information about you that is not written down but is remembered by staff members is also considered part of your PHI and is protected by law the same way written information is protected. Information stored electronically is protected by law and is safeguarded following the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

We collect health information about you and store it in an electronic health record. This is your medical record. The medical record is the property of this practice but the information in the record belongs to you. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply. We may use your PHI without your prior written consent for the following reasons:

*Treatment.* We may use and disclose your PHI for your treatment and to provide you with treatment-related health care services. We may disclose your PHI to counselors, physicians, psychiatrists, psychologists, case managers, and other licensed health care providers who are involved in your care for the purposes of coordinating care. Reasons for such disclosures may be to provide or obtain medical history information, diagnosis and/or current medication, and to provide appropriate treatment

*Payment.* Currently we DO NOT accept Insurance at this time. If we begin to accept insurance in the future, we use and disclose medical information about you in order to bill and collect payment for services provided to you. For example, we may send your PHI to your health plan so that they will pay for your treatment. We may also disclose information about you to a third party, such as a family member paying for your services, in order to receive payment. We could also provide your PHI to business associates such as billing companies or collection companies, or the purposes of receiving payment for services provided to you.

*Health Care Operations.* We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, to get your health plan to authorize, for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs, and business planning and management.

*Appointment Reminders, Treatment Alternatives, and Health Related Services.* We may use and disclose PHI to contact and remind you about appointments. Unless you instruct us otherwise, we may leave this information on your answering machine or in a message left with the person answering the phone. We may also mail you letters related to missed appointments. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct

or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you.

*Other Disclosures.* We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

### **USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION:**

*When required by law.* We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or related to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

*To prevent a serious threat to health or safety.* We may disclose PHI if it is compelled by the fact that you are in such mental or emotional condition to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent harm to yourself or others. We may also disclose PHI if it is compelled by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims. Disclosure would be made to law enforcement personnel or persons able to prevent or mitigate the threat.

*Public health.* We may, and are sometimes required to, disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting vital statistics, and reporting disease or infection exposure. In the event of your death, we may need to disclose PHI to the county coroner for the purposes of identifying a deceased person or determining the cause of death.

*Health oversight activities.* We may disclose your PHI to health oversight agencies for activities authorized by law during the course of audits, investigations, inspections, licensure and other proceedings. These activities are necessary for the county, state,

and payers to monitor health care systems, government programs, and compliance with civil rights laws.

*Judicial and Law Enforcement proceeding.* We may release PHI if asked by a law enforcement official if the information is: in response to a court order, warrant, or similar process; limited information to identify or locate a suspect, material witness, or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in an emergency to report a crime, the location of the crime of victims, or the identify, description, or location of the person who committed the crime.

*Business associates.* We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information if necessary for such functions or services. All business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. For example, we may use another company to provide and maintain our Electronic Medical Record (EMR).

*Specialized government functions.* We may disclose PHI of military personnel and veterans as required by their authorities, to correctional facilities or law enforcement officials if you are under their custody, and for national security reasons such as protection of the President or assisting with intelligence operations.

*If an arbitrator or arbitration panel compels disclosure.* We may disclose PHI when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

*If disclosure is otherwise specifically required by law.*

## **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:**

Other uses and disclosures of PHI not covered by this Notice or applicable laws will be made only with your written authorization. Even if you have signed an authorization to disclose your PHI you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI except to the extent that we have already taken an action upon the uses or disclosures you have previously authorized.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

You have the following rights related to your protected health information:

*Right to Request Limits on Uses and Disclosures of your PHI.* You have the right to ask that we limit how we use and disclosure of your PHI by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. We will consider your request but are not legally bound to agree. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required to make.

*Right to choose how we send your PHI to you.* You have the right to ask that your PHI be sent to you at an alternative address or by an alternative method. We are obliged to agree to your request provided we can give you the PHI in the format you requested without undue inconvenience. You do not have to give us a reason, but you must specify how or where you wish to be contacted.

*Right to inspect and request a copy of your PHI.* You have the right to inspect and copy your PHI with limited exceptions. To access your PHI you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable. If you request a copy of your PHI, we will charge a fee not to exceed \$.50 per page. If we believe allowing access to your PHI would be reasonably likely to cause substantial harm to you, we may deny your request. You will be notified in writing within 30 days of making a request of our decision, the reasons for denial if denied and how you may appeal our decision.

*Right to request amendment or addendum of your PHI.* If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. We will respond to your request within 60 days of receipt. We may deny your request for an amendment if the information is correct and complete, forbidden to be disclosed, not part of our records, or written by someone other than us. If you disagree with our denial, you have the right to file a written objection as well as the right to ask that your request and our denial be attached to any future

disclosures of your PHI. If your request is approved, we will make the change(s) to your PHI and advise all others who need to know about the change(s) to your PHI.

*Right to receive this Notice.* You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. A copy of this Notice will be provided to you upon beginning services. You may ask for a copy of this notice at any time.

*Right to a list of the disclosures we have made.* You are entitled to a list of disclosures of your PHI that we have made. This list will not include disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, your family, or for which you provided written authorization. This list will also not include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. This list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Your request must be made in writing, and we will respond to your request within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one list each year. There may be a charge for more frequent requests.

### **CHANGES TO THIS NOTICE:**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. Should we make any changes to this Notice a new copy will be made available to you in our office or by mail.

### **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO SUBMIT A COMPLAINT:**

If you have questions about this notice or complaints about our privacy practices, you are welcome to contact us at:

Serenity Mental Health & Wellness, LLC  
Kalima Jackson-Wills, MS, Registered Mental Health Counselor Intern  
Ph. (407) 986-1046  
Email: [serenitymhw@gmail.com](mailto:serenitymhw@gmail.com)  
Supervisor: Schellie Fanfan Lic. #MH8246

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI that we are not able to resolve, you are entitled to file a formal complaint with:

The Florida Department of Health  
4052 Bald Cypress Way  
Bin C75  
Tallahassee, FL 32399-3260  
(850) 245-4339  
[MQA\\_ConsumerServices@doh.state.fl.us](mailto:MQA_ConsumerServices@doh.state.fl.us)

We promise that we will not in any way limit your care here or take any actions against you if you file a formal complaint.