**Stacey J Nelson Ph.D. LMFT**
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 **BILLING AND CORRESPONDENCE**

 **P.O. Box 7052, Delray Beach FL 33482**

 **FLORIDA NOTICE FORM**

 **Notice of Licensed Marriage Family Psychotherapists Policies and Private 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 how you can get access to this information. Please review it carefully.**

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations
2. Uses and Disclosures Requiring Authorization
3. Uses and Disclosures with Neither Consent nor Authorization
4. Patient’s Right and Licensed Psychotherapists Duties
5. Complaints
6. Effective Date, Restrictions and Changes to Private Policy

**I Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Stacey J Nelson Ph.D. may use or disclose your protected health information (PHI) for treatment,

 Payment, and health care operations purposes with your consent. To help clarify these terms,

 Here are some definitions. PHI – refers to information in your health record that could identify you.

 **“Treatment, Payment, and Health Care Operations** – Treatment is when Stacey J Nelson, Ph.D.

 Provides, coordinates, or manages your health care and other services related to your health care

 or mental health care – i.e. when Stacey J Nelson Ph.D. consults with another health care provider,

 such as your family physician or another mental health provider.

 **Payment** is when Stacey J Nelson Ph.D. obtains reimbursement for your healthcare. Examples of

 Payment are when I disclose your PHI to your health insurer to obtain reimbursement for your

 Healthcare or to determine eligibility or coverage.

 **Health Care Operations** are activities that relate to the performance and operation of my practice.

 Examples of health care operations are quality assessment and improvement activities, business

 related matters such as audits,administrative services, case management and care coordination.

 **“Use”** applies only to activities within my practice group, such as sharing, employing, utilizing,

 examining, and analyzing information that identifies you.

 **“Disclosure”** applies to activities outside of my practice group. Such as releasing, transferring, or

 Providing access to information about you to other parties.

 II **Uses and Disclosures Requiring Authorization**

Stacey J Nelson Ph.D. 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 Stacey J Nelson Ph.Dis asked for information for purposes

 outside of treatment, payment, and health care operation, we will obtain an authorization from

 you before releasing psychotherapy notes. “**Psychotherapy notes”**are notes I have made

 about our conversation during a private, group, joint, or family counseling session, which Stacey

 J Nelson Ph.D. has kept separate from the rest of your medical record. These notes are given a

 Greater degree of protection than PHI. (Personal health information).

 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. Stacey J Nelson Ph.D.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

to the right to contest the claim under the policy.

 **III Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances.

 **Child Abuse**: If Stacey J Nelson Ph.D. knows or has 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 I report such knowledge or suspicion

 to the Florida Department of Child and Family Services.

 **Adult and Domestic Abuse:** If Stacey J Nelson Ph.D. knows or has reasonable cause to

 suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or

 exploited, Stacey J Nelson Ph.D. is required by law to immediately report such suspicion to

 the Central Abuse Hotline.

 **Health Oversight**: If a complaint is filed against Stacey J Nelson Ph.D. with the Florida

 Department of Health on behalf of the Dept of Health and licensing for MFT’s Regulation, the

 Department has the authority to subpoena confidential mental health information from me

 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 I will not release information without the

 written authorization of you or your legal representative, or a 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.

 **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, Stacey J Nelson Ph.D. may

 communicate relevant information concerning this to the potential victim, appropriate

 family member, or law enforcement or other appropriate authorities.

 **Workers Compensation**: If you file a workers compensation claim, Stacey J Nelson Ph.D.

 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 the persons requesting information.

 **IV Patient’s Right and Psychotherapists’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, Stacey J nelson Ph.D. is 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 being seen. Upon your request, Stacey J Nelson Ph.D.

 will send your bills to another location.

 **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in

 My mental health and billing records used to make decisions about you, for as long as the PHI

 Is maintained in the records. On your request, I will discuss with you the details of the

 request 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. Stacey J Nelson Ph.D. may deny your request. On your request

 Stacey J Nelson Ph.D. 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, Stacey J Nelson Ph.D. will discuss with you the

 details of the accounting process, and the financial costs of receiving such information.

 **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from

 Stacey J Nelson Ph.D. upon request in writing, even if you agreed to receive the notice

 electronically.

 **Psychotherapists Duties – Marriage Family Therapy**

Stacey J Nelson Ph.D. is required by law to maintain the privacy of PHI and to provide you

 with a notice of my legal duties and privacy practices with respect to PHI.

 Stacey J Nelson Ph.D. reserves the right to change the privacy and practices described in

 This notice. Unless Stacey J Nelson Ph.D., notifies you of such changes, however, Stacey

 J Nelson Ph.D. is required to abide by the terms currently in effect.

 If Stacey J Nelson Ph.D. revises the policies and procedures, Stacey J Nelson Ph.D. will

 Notify you in writing with a revised notice via electronic mail and/or USPS mail.

  **V Complaints –** If you are concerned that I have violated your privacy rights, or you disagree

 with a decision Stacey J Nelson Ph.D. has made about access to your records, you may

 contact the Security of Department of Health & Human Services.

 **VI Effective Date, Restrictions and Changes to Private Policy**

 This notice will go into effect on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Stacey J Nelson Ph.D. reserves

 the right to change the terms of this notice and to make the new notice provisions effective

 for all PHI that the office maintains. Stacey J Nelson Ph.D. will provide you with a revised notice

 by electronic mail, and or USPS mail.

 Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_