



10485 Heley Street
Spring Hill, FL 34608
352-247-2256
Untilallthepiecesfit25@gmail.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OVERVIEW

This **HIPAA** Notice of Privacy Practices describes the ways *Until All the Pieces Fit, LLC* may use and disclose health information about you. I understand that health information about you and your care is personal, and I am committed to protecting it. I create a record of the care and services you receive from me, which is necessary to provide quality treatment and to comply with certain legal requirements.

This notice applies to all records of your care generated by this practice. It describes:

- How I may use and disclose your health information.
- Your rights regarding your health information; and
- My legal obligations related to the use and disclosure of your health information.

I am required by law to:

- Ensure that protected health information (“PHI”) that identifies you is kept private.
- Give you this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice that is currently in effect.
- Inform you that I may change the terms of this Notice, and such changes will apply to all information I have about you. The updated Notice will be available upon request.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I may use and disclose health information. Not every use or disclosure in a category will be listed, but all permitted uses and disclosures will fall within one of the categories below.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules allow health care providers with a direct treatment relationship with the client to use or disclose the client's PHI without written authorization for treatment, payment, or health care operations.

For example, I may disclose your PHI to another licensed provider for consultation about your condition. Disclosures for treatment purposes are not limited to the "minimum necessary" standard because providers require full access to information to deliver quality care.

"Treatment" includes the coordination and management of your care, consultations between providers, and referrals from one provider to another.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you or to secure a protective order for the requested information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes:

I keep "psychotherapy notes" as defined in 45 CFR §164.501. Any use or disclosure of such notes requires your authorization unless the disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising other mental health practitioners.
- c. For my use in defending myself in legal proceedings initiated by you.
- d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
- e. Required by law.
- f. Required for certain health oversight activities regarding the originator of the notes.
- g. Required by a coroner or medical examiner performing lawful duties.
- h. Necessary to avert a serious threat to health or safety.

2. Marketing Purposes:

I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI:

I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to limitations in the law, I may use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by law.
 2. For public health purposes (e.g., reporting suspected child, elder, or dependent adult abuse, or preventing serious threats to health or safety).
 3. For health oversight activities (e.g., audits or investigations).
 4. For judicial or administrative proceedings, although I prefer to obtain your authorization first.
 5. For law enforcement purposes, including reporting crimes on my premises.
 6. To coroners or medical examiners performing lawful duties.
 7. For research purposes, consistent with applicable law and ethical standards.
 8. For specialized government functions (e.g., military, national security, or correctional institutions).
 9. For workers' compensation purposes, as required by law.
 10. For appointment reminders or to inform you about treatment alternatives or health-related benefits or services.
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V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. **Disclosures to Family, Friends, or Others:**

I may disclose your PHI to family members, friends, or others involved in your care or payment for your care, unless you object in whole or in part. In emergencies, I may provide information as necessary and obtain your consent later.

VI. YOUR RIGHTS REGARDING YOUR PHI

1. **Right to Request Limits:**

You may request that I limit the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree, but I will consider all requests carefully.

2. **Right to Restrict Certain Disclosures:**

You may request that I not disclose PHI to health plans if you have paid for a service out-of-pocket in full.

3. **Right to Request Confidential Communications:**

You may request that I contact you in a specific way (e.g., home or office phone, alternate address), and I will agree to reasonable requests.

4. **Right to Access Your PHI:**

You have the right to obtain an electronic or paper copy of your record, excluding psychotherapy notes. I will provide it within 30 days of your written request and may charge a reasonable, cost-based fee.

5. **Right to an Accounting of Disclosures:**

You may request a list of disclosures of your PHI made for purposes other than treatment,

payment, or operations. I will respond within 60 days. The first list in a 12-month period is free; additional requests may incur a reasonable fee.

6. Right to Request Amendment:

If you believe information in your PHI is incorrect or incomplete, you may request an amendment. I may deny the request but will explain why in writing within 60 days.

7. Right to a Copy of This Notice:

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Signature:_____

Date:_____

I have read and understand the above mentioned