Coyle & Mattern, LLC

[www.noanxietytoday.com](http://www.noanxietytoday.com)

Jane R. Coyle, M.S.S.S., LCSW Karen P. Mattern, LCSW, ABD

**NOTICE OF PRIVACY PRACTICES-BRIEF VERSION**

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

**Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your personal health information as a part of providing professional mental health care. We are also required by law to keep your information private. These laws are complicated, but we must provide you with this important information. This document is a shorter version of the full, legally required Notice of Privacy Practices (NPP) which is posted in our office space. You may refer to that document for more detailed information. We cannot cover all possible situations, so please speak to us about any questions or specific problems. The effective date of June 1, 2023, is the mandated date of compliance for Jane R. Coyle, M.S.S.S.,LCSW, and, Karen P. Mattern, LCSW, for the release of information in accordance with state and federal laws and ethics of the counseling profession.

We will use the information about your health, which we obtain from you or permissible others, to provide you with treatment, to arrange payment for services, and for other business activities which are set forth in state and federal laws, as “health care operations.” After you have read this Notice of Privacy Practices, we will ask you to sign a **Consent Form** which will allow us to use and share your information when necessary. If you do not consent and sign this form, we will not be able to treat you.

We will only use your personal health information (PHI) for the following reasons:

1. Treatment- To provide, manage or coordinate your care with referrals sources or consultants;
2. Payment-To verify insurance and coverage, process claims and collect fees;
3. Healthcare Operations- To review treatment procedures, business activities, certifications, training, and compliance and licensing activities;
4. Other uses- In the event of our status as mandated reporters, in medical and mental health emergencies, in criminal damages, appointment scheduling, and treatment alternatives, as required by law.

If we need or you want to use or disclose (send, share, or release) your information for any other purposes, we will discuss this with you, and ask you to sign a **Release of Information** **Authorization** form to proceed.

We will keep your health information private and confidential, but there are instances when the laws require us to share or use it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization which is able to prevent or reduce a threat.
2. Some lawsuits and legal proceedings.
3. If a law enforcement official requires the action.
4. For Worker’s Compensation and similar benefits programs.

There are other situations like these which do not happen often. These are described in the long version of the Notice of Privacy Practices posted in the office.

**Your rights regarding your personal health information (PHI):**

1. *Contacting You*- You may ask us to communicate with you about your health and related issues in a particular manner or in a specific location which is more private for you. For example, you may ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to honor your request.
2. *Medical Records*- You have the right to ask us to limit what we share with individuals involved in your care or the payment for your care, such as family members, or other professionals. While we do not have to agree to your request, if we do agree, we will keep our agreement to the degree possible except in circumstances required by law, or in the case of an emergency, or when information is necessary for your immediate medical treatment.
3. *Medical Billing Records*- You have a right to look at health information we have about you such as, your medical records and billing records. You may obtain a copy of these records but will be charged a small fee per page.
4. *Amending Medical Records*- If you believe the information in your records is incorrect or missing important information, you may ask for some changes to be made (amending) to your health record. This request must be made in writing and given to us in a timely manner. We will ask you for a reason to make such changes to your record.
5. You have a right to a copy of this notice. If we change the Notice of Privacy Practices, we will post the updated version in the office space.
6. You have a right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with us and the Secretary of the Florida Department of Health and Human Services. All complaints **must** be in writing. Filing a complaint will not change the health care we provide to you in any way.
7. *Accounting of Disclosures*- For a six-year period beginning with the date of compliance, 6/1/2023. Exceptions include: disclosure for treatment, payment or healthcare operations; disclosure pursuant to a signed release; disclosure made to client; disclosure for national security or law enforcement.
8. If you have any questions regarding this notice or our health information privacy policies or practices, please contact Jane at (772) 569-0716, or Karen at (772) 617-2276.