



Broward Psychological Associates, Inc.

4. Request that we change your information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Request a paper copy of this notice.

Questions and Complaints

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact BPA. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with an address.

BROWARD PSYCHOLOGICAL ASSOCIATES

POLICIES AND PROCEDURES REGARDING THE HEALTH INSURANCE PORTABILITY ACT OF 1996 ("HIPPA")

Notice of Privacy Policy

Protected health (psychological) information is individually identifiable information regarding treatment or payment whether past, present or future, in any form—electronic, written or oral. A patient's personal information must be protected.

Each patient will receive a notice of our privacy policy in writing. They may keep it if they wish. A good faith effort to obtain a written acknowledgment of receipt of notice will be made. Each patient will be asked to sign an acknowledgment that they have read and understand the notice. This acknowledgment will be placed in each patient's chart. In addition a notice will be posted in the office. We are mandated to protect the privacy of all psychological records including chart notes, insurance forms and explanation of benefits. Records of all care and services will remain private and protected.

Patients may request a copy of records. Records may be withheld if it is believed that harm will come from having records. Patients have a right to request that records be amended. There is an appeal process in which a patient must submit in writing a request for change. Unreasonable requests may be denied. In order to submit a complaint, documentation of correct information must be provided. Requests are restricted to information regarding treatment, payment or any other notification.

Authorization to release information must be initiated by the patient or legal guardian. It may be revoked at any time. It should be signed and dated and will be retained for six years after the signature date.

HIPPA privacy training will be provided to all employees of BPA. Training will be ongoing and changes to policy will be made as new information becomes available.