

# **PLEASE KEEP THIS FOR YOUR RECORDS**

Leonid Remenson, MD, PA & Analogy Counseling, INC

## **Notice of Privacy Practices**

### **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.**

Our vision is to provide quality health services in a caring manner. This includes taking measures to protect the confidentiality of your personal health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and relate to your past, present or future physical or mental health or condition and related healthcare services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information we maintain at that time. You may obtain the latest Notice of Privacy Practices by contacting L.Remenson, M.D., P.A., and or Analogy Counseling, INC., and requesting a revised copy be sent to you in the mail, or by asking for a copy at the time of your next appointment.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT PATIENTS**

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment** We may use medical information about patients to provide patients with medical treatment or services. We may disclose medical information about your condition to a physician or other healthcare provider (e.g. a specialist or psychotherapist home care agency) who, at the request of your physician, becomes involved in your care. We may also disclose medical information occasionally to our outside transcriptionist to type up medical record entries or letters.

**For Payment** We may use and disclose medical information to obtain payment for treatment and services provided. For example, we may need to give a patient's health plan information about a therapy session performed by Dr. Remenson and or Analogy Counseling, INC., so the patient's health plan will pay us or reimburse the patient for the costs of the treatment. We may also tell a patient's health plan about a treatment that patients are going to receive, to obtain prior approval or to determine whether a patient's plan will cover the costs of the treatment.

**For health care operations:** In the course of providing treatment to patients, we may perform certain important functions such as quality assessment, training programs, credentialing, medical review etc. In performing such actions, we may rely on certain business associates to assist us. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

In the course of providing treatment, pursuing payment or operating our practice, we may use or disclose your health information for the following purposes:

**Appointment Reminder** To contact patients who have an appointment for treatment or evaluation by Dr. Remenson and/or Analogy Counseling, INC..

**Treatment Alternatives** To tell patients about or recommend possible treatment options or alternatives that may be of interest to patients.

**Health-Related Benefits and Services** To tell patients about health-related benefits or services that may be of interest to patients.

**Individuals Involved in a Patient's Care or Payment for a Patient's Care** We may release medical information about a patient to a friend or family member who is involved in a patient's medical care, with written permission from the patient. We may also give information to someone who helps pay for a patient's care with written permission from the patient or a copy of the power of attorney for the patient. In addition, we may disclose medical information about a patient to an entity assisting in a disaster relief effort so that a patient's family can be notified about a patient's condition, status and location.

**As Required By Law** We will disclose medical information about patients when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about a patient when necessary to prevent a serious threat to a patient's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Business associates:** We may share health information about our patients with business associates who are performing services on our behalf. For example, we may contract with a company to service and maintain our computer system, or do out billing. Our business associates are obligated to safeguard patients' health information. We will share without business associates only the minimum amount of personal health information necessary for them to assist us.

**SPECIAL SITUATIONS** The following special situations may result in additional uses and disclosures of health information by L.Remenson, M.D., P.A.:and/or Analogy Counseling, INC.,

**Military and Veterans** If a patient is a member of the armed forces, we may release medical information about that patient as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** We may release medical information about patients for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks** We may disclose medical information about patients for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability. We will only make this disclosure if the patient agrees or when required by law.
- To report child abuse or neglect
- To report reactions to medications or problems with products (only patient's initials, not full name given)
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required by law.

**Health Oversight Activities** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** If patients are involved in a lawsuit or a dispute, we may disclose medical information about patients in response to a court or administrative order. We may also disclose medical information about patients in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will do it only with the written permission of the patient or when required by law.

**Law Enforcement** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process, with written permission from the patient or when required by law
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Dr. Remenson's and/or Analogy Counseling, INC., practice.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime
- To Children and Family Services

**Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Dr. Remenson and/or Analogy Counseling, INC., to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release medical information about patients to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** We may disclose medical information about patients to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with a patient's written permission. If patients provide us permission to use or disclose their medical information, patients may revoke that permission, in writing, at any time. If patients revoke their permission, we will no longer use or disclose medical information about patients for the reasons covered by the original written authorization. Patients understand we are unable to take back any disclosures we have already made with a patient's permission, and we are required to retain our records of the care we provided to patients.

#### PATIENT RIGHTS

Patients have the following rights regarding medical information maintained by L. Remenson, M.D., P.A., and/or Analogy Counseling, INC..

**Right to Request Restrictions** Patients may request a restriction or limitation on the medical information we use or disclose about patients for treatment, payment or healthcare operations. Patients also may request a limit on the medical information we disclose about patients to someone who is involved in a patient's care or the payment for a patient's care, like a family member or friend. For example, patients could ask that we not use or disclose information about a surgical procedure performed on the patient.

We are not required to agree to a patient's request. If we do agree, we will comply with a patient's request for restriction of use and disclosure. If the information is needed to provide emergency treatment or if it is determined that it is in the best interest of the patient to permit use and disclosure of protected health information, the request will be denied and health information will not be restricted. To request restrictions, patients must make a request in writing. In the request, patients must tell us (1) what information they want to limit; (2) whether they want to limit our use, disclosure or both; and (3) to whom they want the limits to apply, for example, disclosures to a patient's spouse. Dr. Remenson and/or Analogy Counseling, INC., has the right to request termination of the restriction at any time; the patient is required to agree to the termination either verbally or in writing.

**Right to Receive Confidential Communications** Patients have the right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, patients can ask that we only contact them at work or by mail. To request confidential communications, patients must make a request in writing. A request must specify how or where they wish to be contacted.

**Right to Inspect and Copy** Patients have the right to inspect and copy medical information that may be used to make decisions about a patient's care for as long as the information is kept by or for L. Remenson, M.D., P.A. and/or Analogy Counseling, INC.. Usually, this includes medical and billing records, but does not include psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; or protected health information held by clinical laboratories if prohibited by the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

To inspect and copy medical information that may be used to make decisions about patients, patients must submit a request in writing. If patients request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with a patient's request.

We may deny a patient's request to inspect and copy information in certain very limited circumstances. For example, if the patient is under the direct care and supervision of Dr. Remenson and/or Analogy Counseling, INC., it is determined that a review or inspection of the medical record may upset or harm the patient, the request can be denied. If patients are denied access to medical information, patients may request that the denial be reviewed.

**Right to Amend** If patients feel that medical information we have about them is incorrect or incomplete, patients may ask us to amend the information. Patients have the right to request an amendment for as long as the information is kept by or for L. Remenson, M.D., P.A. and/or Analogy Counseling, INC..

To request an amendment, a patient's request must be made in writing. In addition, patients must provide a reason that supports the request.

We may deny a patient's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a patient's request if patients ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for L. Remenson, M.D., P.A. and/or Analogy Counseling, INC..
- Is not part of the information which patients would be permitted to inspect
- Is accurate and complete

If your request for amendment is denied, we will notify you in writing along with the reasons for denial.

**Right to an Accounting of Disclosures** Patients have the right to request an "accounting of disclosures." This is a list of the disclosures that we made of medical information about patients beyond the uses and disclosures described in this notice. To request this list or accounting of disclosures, patients must submit a request in writing. A patient's request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list patients request within a 12-month period will be free. For additional lists, we may charge patients for the costs of providing the list.

**Right to a Paper Copy of This Notice:** Patients have the right to a paper copy of this notice. Patients may ask us for a copy of this notice at any time from L. Remenson, M.D., P.A. and/or Analogy Counseling, INC. at 561-638-9219.

#### COMPLAINTS

If a patient believes their privacy rights have been violated, patients may file a complaint with Dr. Remenson and/or Analogy Counseling, INC. or with the Secretary of the United States Department of Health and Human Services (HHS). To file a complaint with Dr. Remenson and/or Analogy Counseling, INC., submit the complaint in writing to his office. To file a complaint with the Secretary of HHS, the patient must contact the Office for Civil Rights directly (see Cont Analogy Counseling, INC., act Information below).

**Patients will not be penalized for filing a complaint. L. Remenson, M.D., P.A. and/or Analogy Counseling, INC., is committed to protecting an individual's rights under HIPAA and at no point will require an individual to waive their right to file a complaint as a condition of the provision of treatment.**

#### CONTACT INFORMATION

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**Analogy Counseling, INC., Nanette Vitale, LCSW**  
5350 W. Atlantic Ave, Suite 106  
Delray Beach, FL 33484  
561-638-9219

**U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**  
Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Roosevelt Freeman, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (404) 562-7886 FAX (404) 562-7881 TDD (404) 331-2867  
<http://www.hhs.gov/ocr/>