

LATA SONPAL PHD FCHT., P.A.
7742 North Kendall Drive, # 496
Miami, FL 33156-8550

As we do not file any claims electronically (e.g. for Reimbursement from your insurance company) we deem it advisable that we notify you of the Health Insurance Portability and Accountability Act or HIPAA, a Privacy Rule of Federal Government that also specifies the rules for electronic transmission of pertinent patient data. For now the electronic transmission does not include any faxed transactions. You may have received similar Notice of Privacy Practices from your physician, pharmacy and/or hospital. Other information contained in our notice is more pertinent to the practice of psychology and mental health records. Please be sure to sign the page acknowledging that you have been given access to our Notice of Privacy Practices, as we are required by law to obtain a written acknowledgement from you.

Notice of Privacy Practices

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.

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

I 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care 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 and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I 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 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:** When I know, or have 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:** When I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** When responding to health oversight activities such as audits, investigations, and inspections to monitor the health care system I am required by law to release relevant information.
- **Judicial or Administrative Proceedings:** When 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. I, however, am required to comply and disclose information required by a judge's 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 imminent threat of physical harm to yourself, to other individuals, or to society, I may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** When you file a worker's compensation claim, I 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 those persons.

IV. Patient's Rights and Psychologist'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. I, however, am 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 seeing me. Upon your request, my office will call you to remind you of your appointment at an alternate number and send correspondence at an alternate address).
- *Right to Inspect and Copy* - You have the right to inspect PHI in my mental health and billing records about you for as long as the records are maintained. 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 the records are maintained. I may deny your request. On your request, I 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, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have a right to a paper copy of this notice. In case you need a paper copy please feel free to download it.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you access with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- When I revise my policies and procedures, I will arrange for you to have access to an amended copy.

V. Questions and Complaints

In case you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me for

further information.

In case you believe that your privacy rights have been violated and wish to file a complaint feel free to contact me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Contact Person for Additional Information, or to Submit a Complaint In case you have any questions about this Notice, need additional information, or have any complaint about my privacy practices, please contact me at the following address and/or phone number: LATA SONPAL PHD FCHT., P.A. 7742 North Kendall Drive, # 496
Miami, FL 33156-8550

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice is in effect as of April 14th, 2003.