

**Child & Adolescent Psych Solutions, LLC**

5454 Lena Road, Suite 106

Bradenton, FL 34211

941-500-9055

**HIPPA Notice of Policies and Privacy Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW MEDICAL / MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY**

*I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care provider to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact Noelle C. DeLaCruz, Psy.D. at [childpsychsolutions@gmail.com](mailto:childpsychsolutions@gmail.com).*

*DeLaCruz, Psy.D. at [childpsychsolutions@gmail.com](mailto:childpsychsolutions@gmail.com).*

**Effective Date:** July 15, 2018.

**Use and disclosure of protected health information for the purpose of providing services.**

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

**How I May Use or Disclose Your Child's Health Information**

Terms defined:

PHI refers to information in your health record that could identify you. It does not include private therapy notes.

Use applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

- **Treatment:** I may use or disclose your child's health/psychological information to provide, coordinate, or manage your health care and other services related to your health /

psychological services. An example of treatment would be when/if I consult with another health care provider, such as your family physician or another psychologist.

- **Payment:** I may use and disclose medical / psychological information to obtain reimbursement for services provided. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Additionally, a bill may be sent to you or a third-party payer. The information on the bill may contain information that identifies your child, your child's diagnosis, and treatment used in the course of psychological services.
- **Health Care Operations:** I may use or disclose health / psychological information about your child for operational purposes and activities that relate to the performance and operation of our 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.
- **Appointment Reminders:** I may use and disclose health / psychological information to contact and remind you about appointments via your preferred method of contact. I may provide results of tests or other health related benefits and services that may be of interest to you via your preferred method of contact.
- **Required by Law:** I may use or disclose your child's health information as required by law. For example, I may disclose information for the following purposes:
  - For judicial and administrative proceedings pursuant to legal authority;
  - To report information related to victims of abuse, neglect or domestic violence; and
  - To assist law enforcement personnel in their law enforcement duties.
- **Public Health:** Your child's health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.
- **Health and Safety:** Your child's health information may be disclosed to avert a serious threat to the health and safety of your child or any other person pursuant to applicable law.

### **Uses and Disclosures without Authorization**

- **Child Abuse** – If I know or have reasonable cause to suspect that a child has been abused or neglected, by a parent, legal guardian, caregiver, or adult, I must report the matter to the appropriate authorities as required by law.
- **Adult and Domestic Abuse** – If I suspect that an adult has been abused, neglected, or exploited and we have reasonable cause to suspect that the adult is incapacitated or dependent, I must report the matter to the appropriate authorities as required by law.
- **Health Oversight Activities** – PHI information may be disclosed to the Florida Department of Health on behalf of the Board of Psychology, if a complaint is filed, as the Department has the authority to subpoena confidential mental health information relevant to the complaint.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof,

such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a 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** – If, in your psychologist’s reasonable professional judgment, she or he believes that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, she or he may disclose PHI to the appropriate persons.
- **Worker’s Compensation** – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

**Psychotherapy Notes:** “Psychotherapy Notes” are notes your primary therapist has made about conversation during a private, group, joint, or family counseling session, which your primary therapist has kept separate from the rest of your record. These notes are given greater degree of protection the PHI.

### **Patient’s Rights**

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- **Right to Revoke** – You have the right to revoke your authorization to use or disclose health information about your child except to the extent that action has already been taken.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of records by alternative means and at alternative locations. (For example, upon your request, you may want bills or other information sent to another location.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of your child’s health record as provided for by the policy and procedures.
- **Right to Amend** – You have the right to request an amendment of your child’s health record for as long as the record is maintained. However, I may deny your request.
- **Right to an Accounting** – You have the right to receive an accounting of disclosures of your child’s health/psychological information.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

To exercise these rights, contact our Privacy Officer at the email on the top of this Notice.

### **Psychologist's Duties**

I am required by law to maintain the privacy of health/psychological records and to provide you with a notice of our legal duties and privacy practices with respect to PHI. I must abide by the terms of this Notice. I am required to obtain your written authorization to use or disclose your child's health/psychological information for reasons other than those listed above and permitted under law

I reserve the right to change the privacy policies and practices described in this notice for all protected health information I maintain, including the information I obtained prior to the change. Revised notices will be made available to you upon request by contacting the Privacy Officer at the address on the top of this Notice.

### **Complaints**

If you have questions about this notice, disagree with a decision I make about access to your child's records, or have other concerns about your child's privacy rights, you may contact Noelle C. DeLaCruz, Psy.D. at [childpsychsolutions@gmail.com](mailto:childpsychsolutions@gmail.com) or 941-500-9055.

If you believe that your child's privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Noelle C. DeLaCruz, Psy. D. at [childpsychsolutions@gmail.com](mailto:childpsychsolutions@gmail.com).

Your child has specific rights under the Privacy Rule. I will not retaliate against you or your child for exercising your right to file a complaint.

Your child's health information is contained in a medical record that is the physical property of Dr. Noelle C. DeLaCruz.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office.

The U.S. Department of Health & Human Service  
Office of Civil Rights  
200 Independence Avenue. SW.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

I have received a copy of Child & Adolescent Psych Solutions, LLC's privacy policy.

---

Client Signature

---

Date

