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Clinical Psychology

Licensed Psychologist/PY 8553

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed, and how you can obtain access to this information. Please read it carefully and ask any questions you like.

1. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH CARE INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. I am required to inform you about this process because of the privacy regulations of a federal law entitled the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA). The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this *Notice* about my privacy procedures. The *Notice* must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice.

With some exceptions, I may **not** use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this *Notice*. If you have any questions, please do not hesitate to discuss them with me.

Please note that I reserve the right to change the terms of this *Notice* and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this *Notice*. You may request a copy of this *Notice* from me, or you can view a copy of it in my office.

2. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons, most of them routine. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Category #1: **Uses and disclosures related to Treatment, Payment, or Health Care Operations that do NOT require your prior written consent.**

I may use and disclose your PHI *without* your consent for the following reasons:

1. *For treatment purposes:*

In my office, I may use your PHI to provide you with mental health treatment. I may share or disclose your PHI to physicians, psychiatrists, psychologists, or other licensed health care providers who provide you with health care services or are otherwise involved in your care. For example, if a psychiatrist is treating you, I may disclose your PHI to her/him in order to

coordinate your care. I may refer you to other professionals or consultants for services I do not or cannot offer (e.g., special testing or adjunctive treatments). I may need, as a result of this referral, to share with them information about you and your condition. Their findings and opinions will be sent here and placed in your chart in my office. If you receive treatment in the future from other professionals, I may share your PHI with them.

2. *For payment purposes:*

I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. For example, I might send your PHI to your insurance company or health plan to get reimbursed for the health care services that I have provided to you. I may also provide your PHI to business associates, such as billing services, claims processing companies, and others that process health care claims for my office. To protect your privacy, they have agreed in their contract with me to safeguard your information. As a result of these disclosures, I may have to disclose information about your diagnoses, treatments you have received, as well as expectations and prognoses on your behalf. I restrict such disclosures to what is necessary to fulfill specific requirements.

3. *For health care operations:*

I may disclose your PHI to facilitate the ethical and efficient operation of my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of health care professionals who provided services to you. I may also have to provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws. I may have to provide your PHI to government health care agencies in order for them to study disorders and treatments. If this information is provided, your name and identity will remain anonymous.

Category #2: Certain other uses & disclosures that do NOT require your Consent or Authorization.

I may use and/or disclose your PHI *without* your consent or authorization for the following reasons, and in certain situations, as indicated by law:

1. *To avoid harm—to yourself or to someone else.*

I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to medications).

- I may disclose necessary PHI if and when such disclosure is compelled or permitted by the fact that you are in such a condition as to be dangerous to yourself, to others, to the property of others, and if, at my sole discretion, I determine that such disclosure is necessary to prevent the potential or threatened harm or damage.
- I may disclose PHI if disclosure is mandated by Florida Child Abuse and Neglect Reporting Law, or Elder/Dependent Adult Abuse Reporting Law. In other words, if I have reason to suspect, at my sole discretion, that a child, senior adult, or disabled adult is being abused, neglected, or exploited, I will make a report to the appropriate agency. However, I will inform you of making the report at the time.
- I may disclose PHI if disclosure is compelled or permitted by the fact that I suspect serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

2. *For legal purposes, as required by Florida law.*

- *When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.* For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding. I may release medical information if required to do so by a law enforcement official to investigate a crime or a criminal.
- *If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.* In the case of legal proceedings that include a subpoena, a discovery request, or other lawful process, some of your PHI may have to be released. This will only be done after trying to contact you about this request, and/or trying to get a court order to protect the information requested.
- *If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.* In the event that government agencies require information from my office to verify that I am obeying privacy laws, I must release specific information requested.
- *If disclosure is compelled by the patient or the patient's representative pursuant to Florida Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.*
- *For public health activities and/or health oversight activities.* I may disclose your PHI to agencies that investigate certain diseases or injuries. In the event of your death, if a disclosure is permitted or compelled, I may need to give the coroner information about you. I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- *For specific government functions, including national security.* I may disclose PHI of military personnel and veterans under certain circumstances such as to government benefit programs relating to eligibility and enrollment. Also, I may disclose PHI in the interests of national security, such as protecting elected officials or assisting with intelligence operations.
- *For Worker's Compensation purposes.* I may provide PHI in order to comply with Worker's Compensation laws.

3. *Appointment reminders and health related benefits or services.*

I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. I may use and disclose your PHI to recommend or discuss possible treatments, health related services, or alternatives that may be of interest to you. I value discretion, therefore if you prefer that I contact you at a specific place (e.g., only at home, only at work), we can arrange that as necessary.

Category #3: Certain uses and disclosures require you to have an opportunity to object.

In this category are disclosures to family, friends, or others—including emergency situations. I may provide your PHI to a family member, friend or other individual whom you indicate is involved in your care or responsible for the payment of your health care, ***unless you object*** in whole or in part. Retroactive consent may be obtained in emergency situations. Your consent is not required if you

need emergency treatment, as long as I try to obtain your consent after treatment is provided, or if I try to get your consent but you are unable to communicate with me (e.g., if you are unconscious) and I believe, in my best professional judgment, that you would consent to such treatment if you were able to do so. If I must share information in an emergency situation, I will tell you as soon as possible. If you do not approve, I will stop, as long as it is not against the law.

Category #4: Certain uses and disclosures require your prior written authorization.

In order to use your information for any purpose other than those described in Categories #1, #2, and #3 above, ***I will request your written authorization*** before using or disclosing any of your PHI. Even if you do authorize me to use or disclose your PHI, you may revoke that permission, in writing, at any time. After that time, I will not disclose your information for the purposes for which we agreed initially. Of course, I cannot “take back” or otherwise retrieve any information already disclosed or used with your permission prior to your cancellation of permission.

3. YOU HAVE RIGHTS REGARDING YOUR PHI.

- ***You have the right to see and get copies of your PHI.*** In general, you have the right to see your PHI that is in my possession, or to obtain copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request; one example would be the release of raw test data. If I do deny your request, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$0.25 per page. I may decide to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost of producing it.
- ***You have the right to request limits on uses and disclosures of your PHI.*** You have the right to request that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the disclosures that I am legally required or permitted to make.
- ***You have the right to choose how I send your PHI to you.*** It is your right to request that your PHI be sent to you at an alternate address (for example, sending information to your work address) or by an alternate method (for example, via e-mail instead of by regular mail). I am obliged to agree to your request providing that I have the ability to give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- ***You have the right to get a list of the disclosures I have made.*** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous 7 years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at a reduced fee for my time in preparing the list.

4. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed below in section 5. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

5. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES.

If you have questions about this *Notice* or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me, the “Privacy Officer,” to discuss this matter.

Deborah Minter
607 South Alexander Street, Ste 104
Plant City, FL 33563
(813) 385-7041

6. EFFECTIVE DATE OF THIS NOTICE:

The original privacy notice went into effect on July 27, 2012.
The current revision went into effect on January 2, 2016

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Client Acknowledgement

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Licensed Psychologist/PY 8553
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Plant City, FL 33567
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I acknowledge consent for use and disclosure of PHI. I have read this Notice to my satisfaction and have had the opportunity to ask questions concerning it. I may request and obtain a copy for my own records.

Signature

Date

Print Name