

Amanda DePippo, LMHC, CAP

NOTICE OF PRIVACY PRACTICES TO PROTECT YOUR HEALTH INFORMATION

Overview

This notice provides you with information about how your mental health records at my office may be used, the rights you have as a patient, and my legal duties as a provider of treatment. I am required to provide you with this notice under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which took effect on April 14, 2003. This law is designed to protect the confidentiality of your treatment and records created as part of your treatment. Please review it carefully. Let me know if you have any questions or would like additional information.

Uses and Disclosures for Treatment, Payment, and Health Care Options

As part of your treatment, I will record, maintain, and use individually identifiable health care information about you. This may include information describing your history, symptoms, test results, diagnosis, treatment, treatment plan, billing, and health insurance information. I may disclose your protected health information (PHI) for treatment, payment, and health care operations with your consent. A) Treatment. This is when I provide or coordinate your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist. B) Payment. Your PHI may be disclosed in order to collect payment for services provided or to determine insurance eligibility or coverage. C) Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations include quality assessment and improvement activities, business-related matters such as audits and administrative services, care coordination, accreditation, certification, licensing or credentialing activities.

Uses and Disclosures Requiring Authorization

I will not use or disclose your medical information for any reason except those described in this Notice without your written consent. I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate written authorization is obtained. I will also need to obtain a separate authorization before releasing your psychotherapy notes. Psychotherapy notes are notes that I have made about our conversations during private, group, joint, or family counseling sessions, which I keep separate from the rest of your medical record. These notes are given a greater degree of protection than other PHI. You have a right to refuse to authorize release of your information to others, with certain exceptions that are listed below. You may revoke all such authorizations at any time, provided each revocation is in writing, but this will not affect prior authorized uses or disclosures. Given the significant risks in faxing confidential patient information, I will no longer fax such information to workplaces and schools. I recognize that this is an inconvenience and ask that you give me as much advance notice as possible so that I can mail information to you or to others as you request.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances, as required by state and Federal law: Healthcare Operations: If you request that I submit bills to an insurance company for payment, you are deemed to have consented to the disclosure of specific information, including dates of service, name, policy number, diagnosis, services offered, prognosis, progress, medications prescribed, and the patient's relationship to the subscriber of the insurance. Only the minimum information necessary to obtain reimbursement will be provided. Child Abuse: If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Florida Department of Social Services. I will discuss this with you as appropriate. Abuse of Elderly or Incapacitated Adults: When I have reason to suspect that an incapacitated adult (e.g. someone who is not able to advocate for himself or herself) is being abused, neglected or exploited, I am required by law to make a report and provide relevant information to the Florida Department of Social Services. You will be notified of this action unless I believe that it would put you at risk of serious harm. 2 Health Oversight: The Florida Board of Health Professions, including the Boards of Medicine, Psychology, Social Work and Marriage and Family Therapy, has the power to subpoena relevant records should I be the focus of an inquiry. Judicial or Administrative Proceedings

(Court Orders): If you are involved in a court proceeding and a request is made for information about your treatment, I will not release information without your written authorization. If I receive a subpoena for your records (of which you have been served, along with the proper notice required by state law), I am required to respond. I will attempt to contact you first to see if you consent to such release. If you object, you may file a motion with the clerk of the court to quash (block) the subpoena. Notify your therapist as soon as possible; I am then required to place your records in a sealed envelope and provide them to the clerk of the court so that the court can determine whether the records should be released.

Serious Threat to health or Safety of Others: If you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified or to a readily identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect the threatened person.

Danger to Self: I can break confidentiality if you (or your child) are in danger of hurting yourself, in order to keep you (or your child) safe. This may include notifying emergency personnel. Worker's Compensation: If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant PHI to you, your employer, the insurer, or a certified rehabilitation provider.

Supervision: I may discuss your treatment with colleagues to improve the quality of your care. However, your name or other identifying information that could identify you will not be used.

Debt Collection: Your name can be reported to a collection agency and/or a credit bureau if you fail to pay your bill. You will be notified before such a report is made. Legal Defense: Disclosure may be made if a therapist must arrange for legal consultation if a patient takes legal action against a therapist. Quality Assurance: If you are using insurance to pay for part or all of your treatment, an insurance company can periodically review records to insure quality care.

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. However, I 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, I can send your communications to an address other than your home if you request. Right to Inspect Records – You have the right to inspect your records, including PHI and billing records for as long as the PHI is maintained in the record. Because these are professional records, an untrained reader can misinterpret them. For this reason, I require that you initially review them with me or have them forwarded to another mental health professional so you can discuss the contents. I may deny your access to PHI and psychotherapy notes, but in some cases you may have this decision reviewed. One reason for denial is if I believe that releasing such information would likely cause substantial harm to you (or your child if your child is the patient). On your request, I will discuss with you the details of the request and denial process. Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request; if so, I will provide you with a written explanation. Right to an Accounting – you generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). I must provide you with the accounting within 60 days of your written request. Right to a Paper Copy – you have the right to request a copy of the office Privacy Policy from me.

Private Safeguards

This office has developed appropriate administrative, technical, and physical safeguards to protect the privacy of your Protected Health Information. These including placing locks on file cabinets, shredding documents with identifying information, using passwords on computers, as well as other safeguards.

Uses and Disclosures Involving Personal Representatives

Where an incapacitated patient has a guardian or legal representative with authority to make health care decisions for the patient, I must treat the guardian or legal representative as the patient with respect to PHI. If the patient is a minor child, the therapist must treat the parent (or legal guardian) as the patient with respect to PHI. However, if the therapist has reasonable belief that a parent, guardian, or legal representative has subjected or may subject the patient to abuse or neglect or otherwise endanger the patient, and believes that it is not in the patient's best interest to release such information, the therapist may elect not to treat the parent or guardian as the patient and hence not

disclose confidential information. A parent or guardian may allow a confidentiality agreement between the minor patient and the therapist.

Complaints

If 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 Amanda DePippo at 850-519-7578.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Amanda DePippo at 3848 Flatiron Loop Suite 101, Wesley Chapel, Fl. 33544.

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

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. I may revise our privacy policies, as permitted or required by law. These revisions, which may be retroactive, will apply to all PHI that I maintain. I will provide you with a revised notice.

Amanda DePippo, LMHC, CAP

3848 Flatiron Loop Suite 101

Wesley Chapel, Fl. 33544

Phone: (850)519-7578