



## **Notice of Privacy Practices for Protected Health Information**

**This notice describes how medical information about you may be used and disclosed, and how you may get access to this information.**

*Please Read Carefully*

Confidentiality of your medical records is paramount in this office. Records are secured when not in use. Your records will not be released without your written consent and with an expiration date. Please be aware that the majority of insurance carriers reserve the right to access your records as a way to ensure proper utilization and treatment. In most cases, your insurance policy, and my agreement with them, allows for this record review. In very rare cases records may be subpoenaed for the courts or requested by the office of disability determination, or other agencies with specific intent or purpose. If this ever becomes the case, ***your records will not be released without your permission.***

Confidentiality of your session is just as important as your record. I guarantee confidentiality of your session and your case will not be discussed outside of session without your permission. On some occasions, colleagues often discuss specific interventions for specific problems. In some cases of colleagues conferrals, names and identifying information is never used.

***There are very important limits to confidentiality that are required ethically and legally as follows:***

- 1) Child/Elder Abuse: If you reveal that you have committed child/elder abuse, or are aware that child/elder abuse is being perpetrated by another, this information **MUST** and **WILL BE** reported to monitoring regulatory agencies.
- 2) Imminent threat to others: If you share that you plan to harm another person, this information **MUST** and **WILL BE** reported to the person you intend to harm (if possible), as well as law enforcement agencies.
- 3) Threat of Danger to Self: If you share that you plan to harm yourself in a manner that may cause your death or involve bodily harm I **MUST** and **WILL** ensure that you are kept safe. This will normally involve hospitalization and may be against your will. Florida Statute guarantees this provision under a law referred to as the “Baker Act”.

# Understanding Your Health Record

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The federal Standards for Privacy of Individually identifiable Health Information (HIPPA Privacy Rules 45 CFR Part 160-164) requires that, except for certain verifications for health plans and coverage facilities, an individual has a right to notice as to the uses and disclosures of protected information that may be made by the medical provider, is to be given information about his/her rights, and information regarding the medical providers legal duties with respect to protected information.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read carefully.

- 1) **Your Medical Record:** Each time you visit a hospital, physician, or other provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:
  - Basis for planning your care and treatment.
  - Means of communicating among the many health professionals who contribute to your care.
  - Legal document describing the care you received
  - Means by which you or a third party payer can verify that service billed were actually provided.

Understanding what is in your record and how your health information is used helps you to:

- Ensure accuracy
- Better understand who, what, when, where and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

- 2) **Your Health Information Rights:** Although your health record is physically the property of the healthcare practitioner or facility that compiled it, the information belongs to you.

**You have the right to:**

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health record as provided by 45 CFR 164.524.
- Amend your health record as provided by 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose your health information except to the extent that action has already taken place.

- 3) **Lynne Santiago's Responsibilities are to:**

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information I collect and maintain.
- Abide by the terms of this notice
- Notify you if I am unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.



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## **Client's Rights and Responsibilities**

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### **Client Rights:**

You have the right to be treated with respect and dignity.

You have the right to reject treatment, choose your provider, or ask for a referral if you feel your treatment is ineffective.

You have the right to report any abuse to the appropriate agencies.

You have the right to be actively involved in the development of your treatment plan, and to subsequent treatment interventions.

You have the right to change, modify, or alter your plan in order to better meet your needs.

### **Client Responsibilities:**

You are responsible for making your scheduled appointments and to arrive on time and prepared to work.

You are responsible for following your plan of care and to report any problems that you may encounter.

You are responsible for reporting any safety concerns you may have.

You are responsible for making improvements in your functioning, and for taking credit for those changes.

You have the responsibility of making good choices and not to sabotage your treatment.

You have the right to report any abuse to the appropriate agencies.

You have the right to be actively involved in the development of your treatment plan, and to subsequent treatment interventions.

You have the right to change, modify, or alter your plan in order to better meet your needs.