

Alan Zupka, Registered Mental Health Counselor Intern, MA, NCC

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Orlando, FL 32803

AZupkaCounseling@gmail.com

407.986.2888

License #IMH17143

HIPAA NOTICE OF PRIVACY PRACTICES

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.

Information is only released in accordance with state and federal laws and the ethics of the counseling profession. This notice describes my policies related to the use of disclosure of your health care information.

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

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your protected health information (PHI) for these purposes. To help clarify these terms, here are some definitions:

• *“Treatment, Payment and Health Care Operations”*

i. *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. For example, when your therapist consult with another health care provider, such as your family, physician, psychologist, or psychiatrist.

ii. *Payment* is when your therapist obtains reimbursement for your healthcare. For example, when your therapist discloses your PHI to your insurance company in order to secure reimbursement or to determine eligibility for coverage.

iii. *Health Care Operations* are activities that relate to the performance and operation of the therapist’s practice. For example, quality assessment and improvement activities, audits and administrative services and case management and coordination of care.

• *“Use”* applies only to activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

• *“Disclosure”* applies to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties, if that is required (i.e., psychiatrist, psychologist, medical doctor, etc.)

II. Uses and Discloses Requiring Authorization

I may use or disclose PHI for purposes of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is a written permission above and beyond the general consent that only permits specific disclosures. In those instances in which 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. An authorization will also need to be obtained prior to releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) authorization was obtained as a condition of obtaining insurance coverage or reimbursement, or (2) I have relied on that authorization.

III. Uses and Disclosures with Neither Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances.

- **Child Abuse:** If 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 Department of Children and Families’ Abuse Hotline.
- **Adult and Domestic Abuse:** If I know, or have reasonable cause or suspect that a disabled or elderly adult has been or is being abused, neglected or exploited, I am required by law to immediately report such knowledge or suspicion to the Florida Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me with the Florida Department of Health on behalf of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, the Department of Health has the right to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial Court or Administrative Proceedings:** If a request is made for information about your diagnosis and treatment and the records thereof, if you are involved in a court proceeding, such information is privileged under state law, and I will not release information without the written authorization of you and your legal representative, or a subpoena of which you have been properly notified, and you have failed to inform me that you are opposing the subpoena or 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 immediate probability of physical harm to yourself, to other individuals, or to society, I may communicate information concerning this to the potential victim, law enforcement, family members, or other appropriate authorities.
- **Worker’s Compensation:** If you file a worker’s compensation claim, I must, upon the request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer of insurance carrier, furnish your relevant records to those parties.

IV. Patient’s Rights and Therapist’s Duties

Patient’s Rights:

- *Right to Request Where I Contact You*
 - Home
 - Work
 - Cell

-Other _____

- *Right to Receive Confidential Communications by Alternative Means and an Alternative Location* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you might not want a family member to know that you are in treatment; therefore you might request that all correspondences are sent to another address.
- *Right to Release Your Medical Records* – I do require a written authorization to release records to others. You have the right to revoke this release at any time by submitting a letter to this office.
- *Right to Inspect and Copy Your Medical Billing Records* – You have the right to inspect and/or copy records, either mental health or billing, used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will schedule an appointment to discuss the details for the request process.
- *Right to Add Information or Amend Your Medical Records* – You have the right to request that your PHI is mended for as long as the PHI is maintained in the record. Your request may be denied. A request to amend records must be in writing. On your request, I will discuss the details of the amendment process with you.
- *Right to Accounting Disclosures* – You have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the detail of the accounting process. Exceptions include: disclosure for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosures made to client, and disclosures for national security or law enforcement.
- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI about you. I am not required to agree to any restriction that you request.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice form your therapist upon request, even if you have agreed to receive notice electronically.

Therapist Duties:

- I am required by law to maintain the privacy of PHI and to provide you 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.
- If I revise the policies and procedures, I will make my best effort to contact you with this information either in person, by telephone, or by mail, or any other arrangements that are made.

V. Complaints

If you have any questions for concerns about this notice or disagree with a decision that was made regarding your PHI, please contact Samantha Carver, LMHC, CAP, LLC at (407) 710-6676 for further information. You may also file a complaint by sending your written complaint to 2260 Glenwood Dr., Winter Park, FL 32792. If you are not satisfied after exercising the above choice, please contact the United States Department of Health and Human Services. I will not retaliate against you in any way for filing a complaint with my or with the Secretary of the U.S. Department of Health and Human Services.

Address for the US Department of Health and Human Services

Region IV, Office for Civil Rights

US Department of Health and Human Services

Atlanta Federal Center

Suite 3B70, 61 Forsyth Street, SW

Atlanta, GA 30303-8909

(404) 562-7886

Fax – (404) 562-7881

TDD – (404) 3331-2867

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on May 1, 2011.

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Acknowledgment of Receipt of HIPAA Privacy Notice

I have received a copy of the Privacy Notice from the counseling office of Alan Zupka,
Registered Mental Health Counselor Intern, MA, NCC.

Print Name

Date

Client Signature

Date

Therapist Signature

Date