

Hughley's Mental Health Services, LLC

218 Forest Park Circle, Panama City, FL. 32404

Privacy Practices

HIPAA DISCLOSURE

Effective Date of Notice: 11-11-13

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how medical information about you, including that involving mental health treatment and psychological services may be used and disclosed, and how you can gain access to this information. Please review it carefully.

HIPAA PRIVACY INFORMATION

HIPAA (Health Insurance Portability and Accountability Act) is a federal law that defines Protected Health Information (PHI) and mandates its protection by the providers of certain health care services. It is important that you know the general rights and obligations directed by this law. In addition to the following HIPAA rules, the laws of the state of Florida, including F.S. Ch. 491, the Code of Ethics of the Board of Mental Health Counselors also guide my practice. Mental health practitioners have traditionally maintained much stricter control of patient information than other health providers and that will continue to be the case with my practice. Please contact our office if you have any questions about PHI and our confidentiality practices.

FLORIDA-HIPAA PRIVACY NOTICE FORM

Notice of Mental Health Practitioners Policies and Practices to Protect the Privacy of Your Health Information

This notice describes use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary for quality care. State and federal laws allow Hughley's Mental Health Services to use and disclose your health information for these purposes. Mental health, psychological, and medical information about you may be used and disclosed and how you can gain access to this information.

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

Hughley's Mental Health Services may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

1. Protected health information (PHI) refers to information in your record that could identify you.
2. Treatment is when Hughley's Mental Health Services provides, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when Hughley's Mental Health Services consults with another health care provider, such as your family physician or another mental health professional.
3. Payment refers to the fees you pay Hughley's Mental Health Services for services. Health care operations are activities that relate to the performance and operation of my 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.
4. Use applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
5. Disclosure applies to activities outside this practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Hughley's Mental Health Services may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Hughley's Mental Health Services is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. Hughley's Mental Health Services will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes contain documentation of Hughley's Mental Health Services work with you and include, but are not limited to, our conversations during phone, text, individual, group, joint, and family counseling sessions. These notes are given greater degree of protection than PHI. You may revoke all such authorizations at any time, providing each revocation in writing.

III. Uses and Disclosures with neither Consent Nor Authorization

Hughley's Mental Health Services may use or disclose PHI without your consent or authorization in the following circumstances:

1. Child Abuse: If we 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 Hughley's Mental Health Services report such knowledge or suspicion to the Florida Department of Child and Family Services.
2. Adult and Domestic Abuse: If Hughley's Mental Health Services knows, or has reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or exploited, we are required by law to report such knowledge or suspicion to the Central Abuse Hotline.
3. Health Oversight: If a complaint is filed against anyone at Hughley's Mental Health Services with the Florida Department of Health on behalf of the Board of Mental Health Counselors, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
4. Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment records, such information is privileged under state law. Hughley's Mental Health Services will not release this information without a written authorization from you or your legal representative, or a subpoena of which you have been properly notified. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered. You will be informed in advanced if this is the case.

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5. **Serious Threat to Health Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals or to society Hughley's Mental Health Services may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement agency or other appropriate authorities.
6. **Worker's Compensation:** If you file a worker's compensation claim, Hughley's Mental Health Services must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

IV. Patient Rights

1. **Right to Request Restriction:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. This request to restrict requests must be made in writing. However, we are not required to agree to a restriction request.
2. **Right to Receive Confidential Communication 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, you may not want a family member to know that you are being seen at Hughley's Mental Health Services. Upon your request, we will send your bills to another address.

Right to request where Hughley's Mental Health Services can contact you as follows: (please check):

-Home yes no Number: _____ -Address for billing: _____
-Cell yes no Number: _____ -Email yes no Email: _____
-Text yes no Number: _____

3. **Right to Inspect and Copy:** You have the right to inspect or obtain a copy of PHI in my mental health and billing records for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. You may be denied access to Psychotherapy Notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. We shall notify you or your representative if we do not grant complete access. On your request, we will discuss with you the details of the request and denial process. We do charge an administrative fee for copying of pages 1-25 at 50 cents and each additional page at \$25 cents. Also, if any copies need to be mailed there will be a charge for postage. Upon your request, we will discuss with you the details of the request process.
4. **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
5. **Right to Accounting:** You generally have the right to receive accounting of disclosures of PHI regarding you. On your request, Therapy Department will discuss with you the details of the accounting process.
6. **Right to Paper Copy:** You have the right to obtain a paper copy of the notice from Hughley's Mental Health Services upon request, even if you have agreed to receive the note electronically.

V. Mental Health Practitioner Duties

Hughley's Mental Health Services is required by law to maintain privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. Hughley's Mental Health Services reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will provide a revised notice in person or through mail.

VI. How to Complain About My Privacy Practices

If, in your opinion, anyone at Hughley's Mental Health Services may have violated your privacy rights, or if you object to a decision we made about access to your PHI, we ask that you notify me first at Hughley's Mental Health Services 218 Forest Park Circle, Panama City FL. 32405. You may also send a written complaint to the Secretary of 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, we will take no retaliatory action against you.

VII. Person to Contact for Information About This Notice or to Complain About My Privacy Practices

If you have any 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 Department of Health and Human Services, please contact Hughley's Mental Health Services first at 205 Forest Park Circle, Panama City FL. 32405.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You have the right to:

Get a copy of your paper or electronic medical record. Correct your paper or electronic medical record. Request confidential communication. Ask us to limit the information we share. Get a list of those with whom we've shared your information. Get a copy of this privacy notice. Choose someone to act for you. File a complaint if you believe your privacy rights have been violated.

You have some choices in the way that we use and share information as we: Tell family and friends about your condition. Provide disaster relief. Include you in a hospital directory. Provide mental health care. Market our services and sell your information. Raise funds

Our Uses and Disclosures we may use and share your information as we:

- Treat you

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- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record you can ask to see or get an electronic or paper copy of your therapy record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your therapy record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care, share information in a disaster relief situation, Include your information in a hospital directory

In these cases, we never share your information unless you give us written permission:

Marketing purposes, Sale of your information, Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your treatment information in the following ways.

Treat you

