

Peace Counseling & Consulting, LLC

2631 NW 41st Street, Suite E-6

Gainesville, FL 32606

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and feel free to ask questions.

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

Your treatment provider may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent to this document. To help clarify these legal terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you and must be protected.
- “Treatment, Payment and Health Care Operations”
 1. Treatment means to provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be to consult with another health care provider, such as your family physician or another mental health provider. Under most circumstances uses of PHI for treatment purposes will first be explained and discussed with you, so that your concerns and preferences can be taken into consideration.
 2. Payment means obtaining reimbursement for your healthcare. Common examples of disclosing PHI for payment are disclosure of your PHI to your health insurer to obtain reimbursement for your health care or to determine your eligibility or coverage. Most insurers want to know your diagnosis and the type of treatment that you are receiving before they will pay for the treatment.
 3. Health Care Operations are activities that relate to the performance and operation of a 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.
- “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.

Your treatment provider will use or disclose the least amount of information necessary to accomplish the goal of the use or disclosure.

II. Uses and Disclosures That Require Your Authorization

Your treatment provider may use or disclose PHI for purposes other than for 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 your treatment provider is asked for information for purposes outside of treatment, payment, and health care operations, your authorization is necessary to release this information. If your treatment provider keeps psychotherapy notes, these are kept separately from the rest of your record and are given a greater degree of protection than your PHI. “Psychotherapy notes” are notes made about conversations occurring during a private, group, joint, or family counseling session.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization after your treatment provider has already acted on it or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

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III. Emergencies

Please make your preferences regarding emergency notifications known to your treatment provider.

IV. Uses and Disclosures with Neither Consent nor Authorization

Your treatment provider may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse:* Any information or suspicion that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, by law must be reported to the Florida Department of Children and Families.
- *Adult and Domestic Abuse:* Any information or suspicion that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, by law, must be immediately reported to the Florida Abuse Hotline (1-800-962-2873).
- *Health Oversight:* If a complaint is filed against your treatment provider with the Florida Department of Health, the Department has the legal authority to subpoena confidential mental health information relevant to that complaint. Your treatment provider could be asked to release information to governmental agencies that check on whether privacy laws are being obeyed.
- *Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and will not be released without a written authorization from you or your legal representative, or a court order, or a subpoena of which you have been properly notified and you have failed to inform your treatment provider that you are opposing the subpoena. 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:* If you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, your treatment provider may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities. Law enforcement officials have the right to request and receive protected health information when they are investigating a crime, a criminal, or a missing person. If you disclose information about illegal activity during a psychotherapy or counseling session, or in the course of treatment for this sort of behavior, we may not disclose that information to law enforcement officials.
- *Worker's Compensation:* If you file a worker's compensation claim, your treatment provider 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.

V. 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, your treatment provider is not required to agree to a restriction you request. You will be notified, in writing, if your requested restriction or other privacy request cannot be accommodated, and why not.
- *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, you may not want a family member to know that you are receiving treatment. Upon your request, your bills can be sent to another address.)

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- *Right to Inspect and Copy* : You have the right to inspect or obtain a copy (or both) of PHI in your treatment provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your treatment provider will discuss with you the details of the request process. In the rare event that your treatment provider has a strong reason to object to your access, an alternative solution will be sought.
- *Right to Amend*: You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. Your treatment provider may deny your request. If your record cannot be amended, you may write a statement of disagreement that will be maintained in your record. On your request, your treatment provider will discuss with you the details of the amendment process.
- *Right to an Accounting* : You generally have the right to receive an accounting of disclosures of PHI regarding you. This accounting does not include uses and disclosures of information for the purposes of treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures that fulfill an authorization signed by you; relevant uses or disclosures made to family or friends who are involved in your care or in paying for your care; or uses or disclosures needed to notify family or friends of your location, condition, or your death. On your request, your treatment provider will discuss with you the details of the accounting process.
- *Right to a Paper Copy*: You have the right to a paper copy of this notice, even if you have agreed to receive the notice electronically.

VI. Provider's Duties:

Your treatment provider is required by law to maintain the privacy of PHI and to provide this notice of his or her legal duties and privacy practices with respect to PHI. Your treatment provider reserves the right to change the privacy policies and practices described in this notice. Unless you are notified, in person or by mail, of such changes, the terms currently in effect will prevail. If your treatment provider does revise any policies or procedures, you will be notified in writing, in person or by mail, at the most recent preferred address that you have provided to the office staff.

VII. Complaints

If you are concerned that your treatment provider has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact your treatment provider at Peace Counseling & Consulting, LLC, 2631 N.W. 41st Street, Suite E-6, Gainesville, FL 32606 or (352) 870-5230.

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. We promise that we will not in any way limit your care or take any actions against if you file a complaint.

VIII. Effective Date, Restrictions, and Changes to this Privacy Policy

This notice went into effect on August 1, 2015. In the future, the terms of this notice may need to be changed, which would create new notice provisions effective for all PHI currently maintained. If a change is made, it will be posted on the website and you will be provided a copy of the revised notice at your request.