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Notice of Privacy Practices

1. This notice describes how psychological and medical information may be used and disclosed and how you can access this information. Please review it carefully.

2. Safeguarding Your Protected Health Information

Individually identifiable information about your past, present, or future health concerns, the provision of healthcare to you, or payment for healthcare is considered "Protected Health Information" (PHI). By law I am required to insure that your PHI is kept private. This notice explains how, when, and why we may use or disclose the *minimum necessary PHI* to accomplish the intended purpose of the use or disclosure.

3. How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We may use and/or disclose your PHI for purposes of providing or coordinating treatment to obtain payment for services provided, and to complete healthcare operations related to the performance or operation of this practice. The following offers more description and some examples of the potential uses and disclosures of your PHI:

Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent.

- ❖ **For treatment.** We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
- ❖ **For health care operations.** I may disclose your PHI to your insurance company for the purposes of fee reimbursement.

Uses and Disclosures for Which Special Authorization Will Be Sought. For uses beyond treatment and operations purposes, we will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization when:

- ❖ To report known or suspected child abuse or neglect to the Florida Department of Children and Families as required by law.
- ❖ To report known or suspected abuse or neglect of an elderly or disabled person to the Central Abuse Hotline as required by law.
- ❖ When there is serious threat to the health or safety of yourself or others.
- ❖ In certain judicial or administrative proceedings such as Health Oversight activities, unopposed subpoenas or court orders, certain law enforcement activities and Worker's Compensation claims.

As mental health workers we are mandatory reports in cases of abuse of a minor or an elderly person and are required by law to report knowledge of this information.

4. How You May Have Access to or Control of Your Protected Health Information. The following is a description of the steps you may take to access or otherwise control the disposition of your PHI:

❖ **To request restrictions on uses/disclosures:** You may ask that we limit how we use or disclose your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

❖ **To choose how we contact you:** You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonably easy for us to do so.

❖ **To inspect your PHI:** You have a right to receive a treatment summary of you PHI. If you request a treatment summary one will be provided to you, however there may be a reasonable charge.

❖ **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. If we approve the request for amendment, we will change the PHI and so inform you. We will also inform any others who have a need to know about such changes.

❖ **To receive this notice:** You may receive a paper or electronic copy of this notice upon request.

5. Concerns: If you are concerned that there has been a violation of your privacy rights or if you disagree with decisions made about access to your records, you may contact me directly or send a written complaint to the Secretary of the US Department of Health and Human Services.

6. This notice of privacy is available in its entirety at your request. This notice is effective April 14, 2003.

7. Acknowledgment: I have reviewed a copy of this notice:

Printed Name: _____

Signature: _____

Date: _____