

# NOTICE OF PRIVACY PRACTICES

**As Required by Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)**  
 THIS NOTICE EXPLAINS HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT)  
 MAY BE USED AND DISCLOSED; AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

## PLEASE REVIEW NOTICE CAREFULLY

The therapist's practice at Consistent Therapy is dedicated to maintaining the privacy of Protected Health Information (PHI). In conducting business, the therapist will create records regarding you; and the treatment and services the therapist will provide to you. It is required by law to maintain the confidentiality of health information that identifies you. The therapist also is required by law to provide you with this notice of the legal duties and the privacy practices that the therapist maintain in the practice concerning your PHI. By federal and state law, the therapist must follow the terms of this notice of privacy practices that he or she has in effect at the time. The following information must be provided to you:

- How the therapist may use (within the practice) and disclose (outside the practice) your PHI (Protected Health Information)
- The therapist obligations concerning the use and disclosure of your PHI
- Your privacy rights in the your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by the therapist. The therapist reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the therapist has created or maintained in the past, and for any of your records that the therapist may create or maintain in the future. The therapist at Consistent Therapy, LLC will provide a copy of the current Notice of Privacy Practices and you may request a copy of the most current Notice of Privacy Practices at any time.

## I. THE THERAPIST MAY USE AND DISCLOSE YOUR PROTECT HEALTH INFORMATION (PHI) IN THE FOLLOW WAYS:

“PHI” refers to information in your health record that could identify you.

“USE” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

**Client:** The therapist may disclose PHI to the client who is the subject of the information. The therapist's practice may obtain informal permission from the client for notification and other purposes. The therapist may contact the client to provide appointment reminders.

**Treatment:** The therapist may use your PHI to treat you. For example, the therapist may disclose your PHI to physicians, psychiatrists, psychologist, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.

**Payment:** The therapist may use your PHI to obtain and secure payment or reimbursement for services rendered. However, for the purpose of payment, the therapist will not release your medical records or conditions without prior written authorization. For example, the therapist may send billing statements to the address that you have given to the therapist or secure payment from a third party payor that you have verbally authorized, but the therapist will not be able to submit claims with medical conditions to insurance companies without a separate prior written authorization.

**Health Care Operations:** The therapist's practice may use and disclose your PHI to operate the therapist's business. For example, the therapist may use and disclose your information for the therapist operations; to evaluate the quality of the care you received from the therapist, or to conduct cost-management and business planning activities for the therapist's practice.

**Required by Law:** The therapist practice will use and disclose your PHI when he or she is required to do so by federal, state or local law

## II. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCE:

**Without Authorization:** Following is a list of the categories of uses and disclosures permitted by HIPPA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As a clinical social worker licensed in the state of Florida and as a member of the National Association of Social Workers (NASW), it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPPA.

**Public Health Activities:** The therapist may disclose your PHI by law to authorized public health authorities to collect information for the purpose of:

- Maintaining vital records, such as births and death
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

**Victims of Abuse, Neglect or Domestic Violence:** The therapist who knows or has reasonable cause to suspect child abuse, abandonment or neglect by a parent, legal guardian or other person responsible for the child's welfare, is required by the law to report such knowledge or suspicion to the appropriate authorities. The law also requires the therapist who knows or has reasonable cause to suspect the abuse, neglect or exploitation of vulnerable adults to immediately report such knowledge to the appropriate authorities.

**Health Oversight Activities:** The therapist may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor programs, compliance with civil rights laws and the health care system in general.

**Lawsuits and Similar Proceedings:** The therapist may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. The therapist also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the therapist has made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Research:** The therapist may use and disclose your PHI for research purposes in certain limited circumstances. The therapist will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization is justified.

**Serious Threats to Health or Safety:** The therapist may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, the therapist will only make disclosures to the extent necessary to warn any potential victim or communicate the threat to the appropriate law enforcement agency.

**Medical Emergencies:** The therapist may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. The therapist will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care:** The therapist may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**National Security and Military:** The therapist may disclose your PHI to federal officials for intelligence and national security activities authorized by law. The therapist may also disclose your PHI to federal officials in order to protect the President, other officials or foreign head of state, or to conduct investigations. The therapist may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**Inmates:** The therapist may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety, or the health and safety of other individuals.

**Worker's Compensation:** The therapist may release your PHI for worker's compensation and similar programs.

**Deceased Patients:** The therapist may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

**Verbal Permission:** The therapist may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**Fundraising:** The therapist may send you communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

**Law Enforcement:** The therapist may release PHI if asked to do so by a law enforcement official:

- Regarding a victim or suspected victim of a crime, if the therapist is unable to obtain the person's agreement
- Concerning a death the therapist believes has resulted from criminal conduct
- Regarding criminal conduct at the therapist's office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify or locate a suspect, material witness, fugitive or missing person
- In an emergency or to report a crime (including the location or victim (s) of the crime or description, identity or location of the perpetrator)

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

### III. YOUR RIGHTS REGARDING YOUR PHI:

**Confidential Communication:** You have the right to request that the therapist communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that the therapist contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647 specifying the requested method of contact, or the location where you wish to be contacted. The therapist will accommodate reasonable requests. You do not need to give a reason for your request.

**Requesting Restrictions:** You have the right to request a restriction in the therapist use or disclosure of your PHI for treatment and health care operations. Additionally, you have the right to request that the therapist restrict disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. **The therapist is not required to agree to your request;** however, if the therapist does agree, the therapist is bound by his or her agreement except when otherwise required by laws, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the therapist use, or disclosure of your PHI, you must make your request in writing and send to the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647. Your request must be described in a clear and concise fashion: (1) the information you wish to restrict; (2) whether you are requesting to limit the therapist's practice use, disclosure or both; and (3) to whom you want the limits to apply.

**Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Request must be submitted in writing by you to the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647 in order to inspect and/or obtain a copy of your PHI. The therapist may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The therapist may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review or the therapist denial. A licensed health care professional chosen by the therapist will conduct reviews.

**Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for therapist practice. To request an amendment, your request must be made in writing and submitted to the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647. You must provide us with a reason that supports your request for amendment. The request will be deny in writing if your request ask the therapist to amend information that is the therapist's opinion: (1) accurate and complete; (2) not part of PHI kept by or for the practice; (3) not part of the PHI which you would be permitted to inspect and copy; or (4) not created by the therapist, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosures:** All of the clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the therapist has made of your PHI for non-treatment or non-operations purposes. Use of your PHI as part of the routine client care in the therapist practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647. All requests for an "accounting disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before July 1, 2013. The first list you request within a 12-month period is free of charge, but the therapist may charge you for additional lists within the same 12-months period. The therapist will notify you of the coast involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of the Notice:** You are entitled to receive a paper copy of the Notice of Privacy Practices the therapist practices. You may ask the therapist to give you a copy of this notice any time. To obtain a copy of this notice, contact the therapist at Consistent Therapy, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint to the therapist or with the U.S. Department of Health and Human Service's Office of Civil Rights (OCR) at 200 Independence Avenue, S.W. Washington, D.C. 20201. To file a complaint with the therapist, contact Consistent Therapy, Attention: Privacy Request, 5331 Primrose Lake Circle, Suite 212, Tampa, Florida 33647. ***ALL COMPLAINTS MUST BE SUBMITTED IN WRITING. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.***

**Right to Provide an Authorization for Other Uses and Disclosures:** The therapist will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable laws. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in **writing**. After you revoke your authorization, the therapist will no longer use or disclose your PHI for the reasons described in the authorization. Please note the therapist required to retain records of your care.

**Breach Notification:** If there is a breach of unsecured PHI concerning you, the therapist requires to notify each affected individual who unsecured PHI has been compromised. Even if the breach was caused by a business associate, the therapist is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. The therapist bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure PHI did not constitute a breach and must maintain supporting documentations, including documentation pertaining to the risk assessment.

**PHI After Death:** Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. The therapist may disclose deceased individual's PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual

**Individuals' Right to Restrict Disclosures: Right of Access.** To implement the 2013 HITECH Act, the Privacy Rule is amended, the therapist is required to restrict the disclosure of PHI about you, the client, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law. The PHI must pertain solely to a health care item or service for which you have paid the covered entity in full. (OCR clarifies that the

adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict health care item or service; rather, providers need to employ a method to flag or note restrictions PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan). The 2013 Amendments also adopt the proposal in the interim rule requiring the therapist, to provide you, the client, and a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that the therapist to transmit an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct the therapist to transmit an electronic copy of PHI to an entity or person designated by the therapist. Furthermore, the amendments restrict the fees that the therapist may charge you for handling and reproduction of PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

**NPP**: The therapist NPP must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in care of a breach of unsecured PHI.

**The effective of this Notice of Privacy Practices is September 30, 2014**