



## **NOTICE OF PRIVACY PRACTICES**

### **SUMMARY OF NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

### **PLEASE REVIEW THIS CAREFULLY**

ROBERTA E. VOSE, LCSW, P.A. keeps medical information about you. This information is personal and private. I need to use this information in many ways. I use the information when I treat you or refer you for treatment.

Under the law, each client has certain rights to the medical information kept by ROBERTA E. VOSE, LCSW, P.A. These rights are:

- Access. You can request to view your medical information.
- Restriction. You can ask to limit who has access to your medical information. You can ask to limit what information is sent out of ROBERTA E. VOSE, LCSW, P.A.
- Accounting. You can request to review the list of places where your medical information has been sent.
- Amending. You can request that changes be made to your medical information (not to your psychotherapy notes) if you feel that there are inaccuracies.

A complete notice with explanations of uses, disclosures, rights and information on how to file a privacy complaint is available at your request.

A client also has the right to file a complaint regarding privacy of their medical information with the Secretary of Health and Human Services toll free at 1-877-696-6775.

**Florida Statutes** Florida statutorily grants patients the right of access to medical records maintained by health care practitioners. The disclosure of patient information by providers is generally prohibited without the patient's consent, subject to specified exceptions. Florida also has numerous laws protecting the confidentiality of health information held by a variety of entities and government agencies.

**Client Name:**

**(Print):** \_\_\_\_\_ **Signature:**

\_\_\_\_\_

**Parent/Guardian Name:**

**(Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

## **Notice of Privacy Practices**

### **Required by Federal Law**

### **Includes Privacy Protections Under State Law**

**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**

### **Privacy Protection Under Florida State Law**

**The HIPAA Privacy rules are preempted by stricter state law, which includes Florida Law.**

Signed patient consent is required for most communication of health information.

A summary report may be provided instead of complete psychotherapy notes.

### **The HIPAA Privacy Practices**

**1. ROBERTA E. VOSE, LCSW, P.A. and its professional staff, employees, and trainees follow the privacy practices described in this Notice. ROBERTA E. VOSE, LCSW, P.A. will keep your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.**

### **2. WHAT ARE TREATMENT and HEALTH CARE OPERATIONS?**

**Your treatment includes sharing information among health care providers who are involved in your treatment. For example, if you are seeing both a physician) and a Licensed Clinical Social Worker or Psychotherapist, we may share information in the process of coordinating your care. Treatment records may be revealed as part of an on-going process directed toward assuring the quality of our operations.**

### **3. HOW WILL ROBERTA E. VOSE, LCSW, P.A. USE MY PROTECTED HEALTH INFORMATION?**

**Your personal mental health record will be retained by ROBERTA E. VOSE, LCSW, P.A. for approximately ten (10) years after your last clinical contact with me. After that time has elapsed, the record will be shredded, burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed they may be used, unless you request restrictions on a specific use or disclosure, for the following purposes:**

- Appointment reminders;
- Notification when an appointment is cancelled or rescheduled by me;
- As may be required by law;
- For public health purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law);
- Mental health oversight activities, e.g., Audits, inspections or investigations of administration and management of ROBERTA E. VOSE, LCSW, P.A.;
- Lawsuits and disputes (I will vigorously attempt to provide you advance notice of subpoena before disclosing information from your record.);
- Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the facility; when emergency circumstances occur relating to a crime;
- To prevent a serious threat to health or safety;
- To carry out treatment and health care operations functions through transcription and billing services;
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority;
- National security and intelligence activities;
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Psychotherapy Notes that are kept enjoy special protection.***
- The term ***Psychotherapy Notes*** excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Alcohol and drug abuse information has special privacy protections. ROBERTA E. VOSE, LCSW, P.A. will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing; (ii) a

court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law

#### **4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.**

Except as described previously, I will not use or disclose information from your record unless you authorize (permit) in writing me to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

#### **5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**

You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by ROBERTA E. VOSE, LCSW, P.A.:

- Right to request restriction. You may request limitations on your mental health information I may disclose, but I am not required to agree to your request. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.
- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify in writing how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care; **however, psychotherapy notes may not be inspected and copied.** I may charge a fee for copying, mailing, and supplies.
- Right to request clarification of the record. If you believe that the information I have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose and the form will require certain specific information. ROBERTA E. VOSE, LCSW, P.A. is not required to accept the information that you propose.
- Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last six (6) years, but not prior to April 14, 2003.

- Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

## **6. REQUIREMENTS REGARDING THIS NOTICE.**

ROBERTA E. VOSE, LCSW, P.A. is required to provide you with this Notice that governs my privacy practices. ROBERTA E. VOSE, LCSW, P.A. may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come in to ROBERTA E. VOSE, LCSW, P.A. for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

## **7. COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with ROBERTA E. VOSE, LCSW, P.A. You will not be penalized or retaliated against in any way for making a complaint.

**Contact:** Please call ROBERTA E. VOSE, LCSW, #407-765-1653, to discuss issues of privacy; if you have a complaint; you have any questions about this notice, you wish to request restrictions on uses and disclosure for health care treatment or operations; or you may wish obtain any of the forms mentioned to exercise your individual rights described above.