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Notice of Privacy Practices

Effective April 14, 2006

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This practitioner has a duty to maintain privacy of your health information and to provide you with this notice.

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

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

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations:"
- "Treatment" refers to when this practitioner provides, coordinates, or manages your health care and other services related to your health care. An example of treatment is when this practitioner consults with another health care professional such as your family practitioner or another therapist.
- "Payment" refers to when this practitioner obtains reimbursement for your health care. Examples of payment are when this practitioner discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- "Health Care Operations" refers to activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within my professional clinical practice such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" refers to activities outside my professional clinical practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

This practitioner may use or disclose PHI for purposes of outside 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 this practitioner is asked for information outside of treatment, payment and health care operations, this practitioner will obtain an authorization from you before releasing this information. This practitioner will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" refers to notes this practitioner may have made about conversations during a private, group, joint, or family counseling session, which this clinician may have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) This provider has relied on that authorization; or (2) 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.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If this provider has reason to suspect that a child is abused or neglected, this provider is required by law to report the matter immediately to the Florida Department of Children and Families.
- **Adult and Domestic Abuse:** If this provider has reason to suspect that an adult is abused, neglected, or exploited, this provider is required by law to immediately make a report and provide relevant information to the Florida Department of Children and Families.
- **Health Oversight:** The Florida Board of Health has the power, when necessary, to subpoena relevant records should this provider be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, this provider is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. 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 this provider is engaged in her professional duties and you communicate to her a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and this provider believes you have the intent and ability to carry out that threat immediately or imminently, this provider must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 19; or (2) notifying a law enforcement officer.
- **Worker's Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

IV. Patient's Rights and Mental Health Counselor/Marriage and Family Therapist's Duties

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, this provider is NOT required to agree to a restriction you request.
- **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 seeing this provider. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. This provider may deny your request. On your request, this 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, this provider will discuss with you the details of the accounting process.
- You have the right to a paper copy of this notice.

Resident Mental Health Counselor/ Resident Marriage and Family Therapist Duties:

- This provider is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- This provider reserves the right to change the privacy policies and practices described in this notice. Unless this provider notifies you of such changes, however, this provider is required to abide by the terms currently in effect.
- If this provider revises the policies and procedures, she will notify you in person or by mail.

Complaints:

If you are concerned that this provider has violated your privacy rights, or if you disagree with a decision made about the access to your records, a direct conversation is welcomed and assurances are made that no retaliation will be made.

You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services. You may also make a complaint to Medical Quality Assurance @ the Department of Health Board of Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors @ PO Box 6320 Tallahassee, FL 32314, or by calling 850-245-4339.

This notice goes into effect 4/14/06 for all clients associated with this practice.

Notice of Understanding:

My signature below indicates that I have reviewed and understand the above document and I am acknowledging that I have a copy for my records.

Signature of client or parent/guardian

Date

Printed name of client or parent/guardian