

Christiane Blanco-Oilar, Ph.D.

Licensed Psychologist

561-287-2088

dr.christiane.blanco@gmail.com

Notice of HIPAA (Health Insurance and Portability Accountability Act): Policies and Practices to Protect the Privacy of Your Health Information

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health and related healthcare services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable laws and the American Psychological Association Code of Ethics. It also describes your rights regarding how you may access and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

How Your Health Information Is Protected

I protect your health information by:

- Treating all of your collected health information as confidential.
- Restricting access to your health information only to those clinical staff (in this case, myself) who need to know your health information in order to provide services to you.
- Only disclosing personal health information that is necessary for an outside service company to perform its function on my behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

How I May Use and Disclose Health Information About You:

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and for the purpose of health care operations with the consent you have provided by signing my “Disclosure Statement and Client Consent to Treatment” form, or in certain cases, by requesting that you sign a specific Authorization allowing me to disclose health care information about you.

For Treatment: When I provide you health care or manage it, for example, when I consult with another health or mental health professional as a way of better serving your needs.

For Payment: I may use and disclose PHI so that I can receive payment for the services provided to you. This will only be done with your written authorization. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes or legal action due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For HealthCare Operations: I may use or disclose, as needed, your PHI to support the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities. If government agencies require records for the purposes of mental healthcare quality management, your personal information will be removed.

As Required by Law: Under the law, I must make disclosures of your PHI to you upon your written request. In

addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the HIPAA requirements. When the law requires me to report abuse or neglect, or respond to judicial or administrative proceedings, or to law enforcement officials, I will further comply with the requirement set forth below concerning those activities.

Breach Notification. In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided me with a current e-mail address, I may use e-mail to communicate information related to the breach. I may also provide notification by other methods as appropriate.

Psychotherapy Notes. I will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) my use for your treatment 2) to defend myself if you sue me or bring some other legal proceeding, 4) if the law requires me to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, I will stop using or disclosing these notes.

Uses and Disclosures Requiring Authorization

By signing an Authorization form, you allow me to use or disclose information about you for purposes of treatment, payment, and healthcare operations. This provides specific permission above and beyond that which you have given by signing my “Disclosure Statement and Client Consent to Treatment” form. I will request that you sign an Authorization form if I am asked to release information for purposes of your treatment elsewhere, payment, or healthcare operations. I will also need you to sign an Authorization form if you request that I release your therapy notes (if applicable).

When written, therapy notes are for my use to assist me in providing you the best care possible. These notes contain very sensitive material and are not written with the intention of being released, so they are given a higher degree of protection than PHI. You may revoke all authorizations at any time by written consent. You may not, however, revoke an authorization if I have already taken action on it based on your prior signature. Further, if the authorization was obtained as a condition of acquiring or using insurance benefits, your insurance company has a legal right to receive information to contest a claim.

Uses and Disclosures Not Needing Consent or Authorization

Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization include the following:

- **Child Abuse:** If I know or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Florida Department of Child and Family Services
- **Adult and Domestic Abuse:** If I know or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me. with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- If you are involved in a legal proceeding and a request is made for information regarding the services I have provided. Your PHI is privileged under State law, however, I must release your PHI if I am presented with a signed Authorization from you or your representative, if I receive a properly executed subpoena and you have

not informed me that you are contesting the subpoena, or if I am ordered to release your PHI by a court of law. This privilege does not apply when you are being evaluated by order of the court or for a third party.

- If you are or were a member of the armed forces, or part of the national security or intelligence communities, military command or other government authorities may require the release of health information about you.
- If, in my professional judgment, you are likely to lethally harm yourself, I may notify a family member, a friend of yours, and/or disclose information necessary to seek hospitalization to assist in maintaining your safety. If I have reason to believe that you have intent to harm someone else or pose a health threat to the community, I must by law disclose information to the Police and may also make a report to any person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- If you file a Worker's Compensation claim, I must make available any PHI in my possession that is relevant to your particular injury. Relevance is determined by the Department of Labor and Industries. This department, along with your employer and any personal representative can request your PHI.

Your Rights Regarding Your PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, your requests must be made in writing. I would be happy to assist you with this process at any time.

- **Right to Revoke Your Consent.** You have the right to revoke your consent at any time with written notice. Your revocation will be effective when I receive it, but will not apply to any uses or disclosures that occurred prior to that time.
- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I reserve the right to charge a reasonable, cost-based fee for copies.
- **Right to Amend or Supplement.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations, though I am not required to meet this request.
Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice.**

Complaints

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Ave., SW, Washington, DC 20201 or by calling (202)619-0257.

YOUR SIGNATURE BELOW ACKNOWLEDGEST THAT YOU HAVE READ THIS NOTICE AND AGREE TO ITS TERMS.

Signature

Date

Effective Date

This notice will go into effect September 23, 2016