



MEDICAL PSYCHOLOGY CENTER

570 Memorial Circle, Suite 150
Ormond Beach, Florida 32174
Phone: (386) 672-9250 Fax: (386) 672-9251

Medical Psychology Center Policies and Practices to Protect the Privacy of Your Health Information

Your privacy is very important to us. This notice describes how your psychological and medical information may be used and how you can access your information. All of the staff are bound by the same rules of confidentiality and professional ethics. All non-mental health staff have been trained about protecting privacy and the implications of the Health Insurance Portability and Accountability Act known as "HIPAA". Under the HIPAA, we are required to maintain the privacy of your health information and provide you with this notice, which explains our legal duties and privacy practices. We are only allowed to provide the **minimum** information necessary when releasing your information.

How We May Use or Disclose Your Health Information with your consent:

Treatment: Your doctor may use or disclose your psychological records to provide, coordinate or manage health care and treatment. For example your doctor may consult with another health care provider, such as your family physician, or another psychologist or psychiatrist regarding your case.

Insurance: Your doctor may contact your insurance company. Examples are when we disclose information to your health insurer to assist you in paying for your health care, medication or to determine eligibility or coverage.

Health Care Operations: Your doctor may use or disclose information related to your clinical record for activities that relate to the performance and operation of our practice.

Other: At your written request, your doctor may disclose information from your clinical record for purposes outside of treatment, insurance, and health care operations. For example if you request that we discuss an issue that has been created or exacerbated by psychological issues with your employer, we will have you fill out an authorization or consent prior to your doctor releasing this information.

What is an authorization? An "authorization" give us your permission (in writing) to release information that is in your record. An "authorization" may also give us permission to have a phone conversation with a specific person or agency.

How can you cancel an authorization? You may cancel or revoke an authorization at any time, but you must request this in writing. You may not cancel/revoke an authorization if (1) we have already completed the release of information; or (2) if you gave us permission to release the information in order to get insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

How We May Use or Disclose Your Health Information without your consent Although these situations are generally rare, we may tell others about your situation without your consent or authorization in the following circumstances:

Serious Threat to Health or Safety: When you are at immediate risk of physical hurting yourself, other people, or society, your doctor may communicate necessary information to the potential victim, appropriate family members, law enforcement, or other appropriate authorities.

Child Abuse: If your doctor knows, or has 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 we report such knowledge or suspicion to the Florida Department of Child and Family Services.

Adult and Domestic Abuse: If your doctor knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

Health Oversight: If a complaint is filed against your doctor with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential information from the Medical Psychology Center relevant to that complaint.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records are private under state law, the Medical Psychology Center will not release information without the written authorization of you or your legal representative. 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.

The Medical Psychology Center Patient's Rights Related to HIPAA and Psychological/medical records:

Right to Request Restrictions – You have the right to request restrictions on certain uses of psychological/medical records. However, your doctor is not required to agree to the request if we conclude that it would harm the care that we can provide you. For example, if you receive medication from a physician, and you request that we not contact them, we may conclude that it would interfere with appropriate and effective treatment. If these issues arise your doctor will discuss these matters with you.

Right to Inspect and Copy – You have the right to look at or get a copy (or both) of psychological/medical records that we have, for as long as we keep your records (7 years in most cases). Your doctor may deny your request to inspect and copy in certain circumstances as defined by law. For example if your doctor finds that your psychological well-being is fragile or will be negatively affected, a denial or delay in pursuing this request may occur. If you are denied access to your health information, you may request that the denial be reviewed.

Right to Amend – You have the right to request an to change your psychological/medical records for as long as we keep your records. You must ask for changes in writing and explain your reason for asking for the change. Your doctor can deny your request if we determine that the records you want to amend were not created by us, are not available for inspection as specified by law, or are accurate and complete. Your doctor will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive a list of disclosures that occur regarding your psychological/medical records. For example if we consult with your physician in regards to your medication or related health issues we will note that contact in your records. At your request, your doctor will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of this notice from us.

Medical Psychology Center Responsibilities Related to HIPAA and Psychological Records:

Medical Psychology Center is required by law to maintain the privacy of psychological/medical records and to provide you with a notice of our legal duties and privacy practices with respect to psychological/medical records. Medical Psychology Center reserves the right to change the privacy policies and practices described in this notice as required by changes in state and federal law regarding psychological/medical records. If Medical Psychology Center revises its policies and procedures, your doctor will provide you with a written update of this.

Professional Records:

Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your attendance records, financial arrangements and payment information, and any reports that have been sent to anyone.

Complaints: If you are concerned that the Medical Psychology Center has violated your privacy rights, or you disagree with a decision made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Please sign on the Consent for Treatment form that you have had the opportunity to review this policy.