

Heather R. Harding, LMHC, LLC

Licensed Mental Health Counselor

Independent Therapist

License#: MH7804

Florida Notice Form

Notice of Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how Psychological and Medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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

I may *use* or *disclose* your protected health information (*PHI*) for *treatment, payment* and *health care operations* purposes with your consent.

- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when I provide, coordinate or manage your health care or related services. An example includes when I consult with another provider, such as your Psychiatrist.
- *Payment* is when I obtain reimbursement for your healthcare. An example includes when I disclose your PHI to your health insurer to obtain reimbursement for your health care.
- *Health Care Operations* are activities that relate to the performance and operation of my practice. An example includes quality assessment and improvement activities.
- *Use* applies only to activities within my office such as sharing, employing, applying and examining information that identifies you.
- *Disclosure* applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of 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. I also will need an authorization before releasing your psychotherapy notes, as these notes are given a great degree of protection than PHI. You may revoke all authorizations at any time in writing. You may not revoke to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

Uses and Disclosures with Neither Consent nor Authorization

- Child abuse – if I know or suspect such, the law requires me to report.
- Adult and domestic abuse – if I know or suspect such, the law requires me to report.
- Health oversight – if a complaint is being filed against me with the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from me relevant to the 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 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 properly notified and you have failed to inform me that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered.

- Serious threat to health or safety – when you present a clear and immediate probability of physical harm to yourself, to others, or to society, I may communicate relevant information to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.
- Worker’s Compensation – if you file a claim, I must, upon request of your employer, insurance carrier, authorized rehabilitation provider, or attorney for such furnish your relevant records to those persons.

Patient’s Rights:

- Right to request restrictions – on certain uses and disclosures of PHI about you; however I am not required to agree to a restriction you request.
- Right to receive confidential communications by alternative means and at alternative locations – you may not want a family member to know you are seeing me and may request that I send bills to another address.
- Right to inspect and copy – of my mental health and billing records about you.
- Right to amend – PHI for as long as it is maintained in record; however, I may deny your request.
- Right to an accounting – of disclosures.
- Right to a paper copy – of notices from me.

Psychotherapist’s Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will mail a letter to you indicating a change has been made and provide you a copy of the updated notice.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact

Heather Harding, LMHC at 813/727-0846.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to:

Heather Harding, LMHC

806 W. De Leon St.

Suite 202

Tampa, FL 33606

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

I reserve the right to make changes in this notice. Any changes made to this notice will be mailed to you, as well as posted in my office.

