

# ACHIEVE WELLNESS GROUP, LLC

## NOTICE OF PRIVACY PRACTICES

Effective Date: September 16, 2013

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.**

### **MY OBLIGATIONS:**

I am required by law to:

- Maintain the privacy of protected health information (PHI).
- Give you notice of my legal duties and privacy practices regarding health information about you.
- Follow the terms of the notice that is currently in effect.

**HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI):** The following categories describe the more common or routine ways I can use or disclose information.

**TREATMENT:** I may use and disclose your PHI for coordination of treatment with other health providers, e.g., other psychologists, physicians, nurses, medical residents or trainees, or other health care personnel treating you.

**PAYMENT:** I may use and disclose PHI so that others or I may bill and receive payment from you, an insurance company, or a third party for the treatment and services you have received from me.

**HEALTH CARE OPERATIONS:** I may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all my patients receive quality care, to operate and manage the office, and to evaluate the performance of my staff in caring for you. I may also share information about you to other entities that have a relationship with you (e.g., your health plan) for their health care operations activities.

**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, BENEFITS AND SERVICES:** I may use and disclose PHI to contact you and remind you of your appointment. I may also use and disclose information to tell you about treatment alternatives, or health related-benefits and services that may be of interest to you.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** When appropriate, I may share PHI with a person who is involved in your medical care or payment for you, such as family or close friend. I may also notify your family about your location or general condition or disclose such information to an entity (e.g., The Red Cross) assisting in a disaster relief effort.

**RESEARCH:** Under certain circumstances, I may use and disclose PHI for research, e.g., in a comparison of one treatment with another. Before I use or disclose PHI for research, the project will go through a special review process. In certain cases, your written authorization may be required. Your information may be used in a way that does not specifically identify you. Finally, the law allows me to use very limited information about you for research and public health studies and to give other health care providers and health researchers access for their own research and operations, but only if they pledge to never use the information to identify you.

**SPECIAL SITUATIONS: As required by law, I disclose PHI when required to do so by international, federal, state, or local law.**

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** I may use and disclose PHI to prevent serious threat to your health and safety, or the health and safety of the public or another person. For example, this might include suicidal or homicidal risk. Disclosures, however, will only be made to someone who may be able to help prevent the threat.

**ORGAN AND TISSUE DONATION:** If you are an organ donor or eligible recipient, I may disclose PHI to medical personnel or to an organization that handles such issues, as necessary, to facilitate organ, eye, or tissue donation or transplantation.

**MILITARY AND VETERANS:** If you are a member of the armed forces, I may release PHI as required by military command authorities. I may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

**WORKERS' COMPENSATION:** I may release your PHI for workers' compensation or similar programs. These programs provide benefits for the work-related injuries or illnesses.

**BUSINESS ASSOCIATES:** I may disclose PHI to my business associates that perform functions on my behalf or provide me with services if the information is necessary for such functions and services. For example, I may use a company or individual to perform billing or transcription services on my behalf. All of my business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**PUBLIC HEALTH RISKS:** I may disclose PHI to authorized public health officials, or a foreign government agency collaborating with such officials, so that they may carry out their public health activities, generally, to prevent or control disease, injury, or disability, report births or deaths, report child abuse or neglect, report reactions to medications or problems with product, inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and report to the appropriate government authority if I believe someone has been the victim of abuse, neglect, or domestic violence. I will only make this disclosure if you agree or when required by law.

**HEALTH OVERSIGHT, LICENSING, ACCREDITATION, AND REGULATORY ACTIVITIES:** I may disclose your PHI to health oversight agencies authorized to conduct audits, investigations, and inspections of the facilities. These activities are necessary for the government to monitor the health care system, government programs (e.g., Medicare) and compliance with civil rights laws.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or legal dispute, I may disclose PHI in response to a court or administrative order. Mental health information is not typically disclosed in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute. If necessary to do so, all efforts will be made to notify you about the request and obtain your permission or to obtain an order protecting the information requested.

**LAW ENFORCEMENT:** I may disclose your PHI to law enforcement officials if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime, even if, under very limited circumstances, I am unable to obtain the person's agreement; 4) about a death I may believe may be the result of criminal conduct; about criminal conduct on the premises; 6) in an emergency to report a crime, the location of a crime victim or the identity, description, or location of a person who committed a crime.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES OR PROTECTIVE SERVICES FOR THE PRESIDENT OR OTHERS:** I may release PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other officials.

**INMATES OR INDIVIDUALS IN CUSTODY:** If you are an inmate in a correctional institution or in the custody of a law enforcement official, I may disclose PHI to the correctional institution or law enforcement official.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** In the unfortunate event of your death, I may release PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. I may also disclose PHI to funeral directors as necessary to carry out their duties.

**SPECIAL PROTECTION FOR MENTAL HEALTH, SUBSTANCE ABUSE, AND HIV INFORMATION:** Special privacy protection applies to mental health, substance abuse, or AIDS/HIV related information. Since your records at my facility contain such information, this information will be handled and disclosed only as permitted by law.

**I WILL ALSO OBTAIN AN AUTHORIZATION FROM YOU BEFORE USING OR DISCLOSING:** (a) protected health information (PHI) that is not described in this notice; and (b) psychotherapy notes.

**YOUR RIGHTS:** You have the following rights regarding health information I have about you:

**RIGHT TO INSPECT AND COPY:** You have the right to receive a copy of a summary of your PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, but not necessarily copies of psychotherapy notes. To request a summary of your health information, you must make a request in writing. I may charge a fee for this service. See below.

**RIGHT TO AMEND:** If you feel that the PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information to be amended was created by me, is inaccurate, and the amendment and health information remains in my office. The request must be in writing and state the reason for the request. See below.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request a list of certain disclosures I have made of your PHI for purposes other than treatment, payment, and health care operations, or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing. See below.

**RIGHT TO REQUEST RESTRICTIONS:** Although there are already restrictions on mental health information, you have the right to request restrictions or limitations on your PHI that I use for disclosure for treatment, payment, health care operations, as well as to family members. I am not required to agree to your restrictions and, in some cases, your request may not be permitted by law. Requests for restrictions must be specific and in writing. See below.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** You have the right to request that I communicate with you in a confidential manner, e.g., if you do not want messages left at home or work, or have a specific way to reach you. I will do my best to accommodate reasonable requests in attempting to reach you, but must have a way to contact you in emergencies. To request confidential communication as indicated, you must clearly and specifically request it in writing. See below.

**RIGHT TO RESTRICT DISCLOSURES WHEN YOU HAVE PAID FOR YOUR CARE OUT-OF-POCKET:** You have the right to restrict disclosures of your PHI to a health plan when you pay out-of-pocket in full for my services.

**RIGHT TO BE NOTIFIED IF THERE IS A BREACH OF YOUR UNSECURED PROTECTED HEALTH INFORMATION:** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

**CHANGES TO THIS NOTICE:** I reserve the right to change this notice and make the new notice apply to health information I already have as well as any information I receive in the future. I will post a copy of this notice at my office. The notice will contain the effective date on the first page.

**COMPLAINTS:** If you believe that your privacy rights have been violated, you may file a complaint with my office or the Department of Health and Human Services. All complaints must be in writing. You will not be penalized for making a complaint. To make a complaint, please contact: Privacy Officer: Lisa I. Correa, Psy.D., M.B.A., 13039 W. Linebaugh Ave., Bldg. V, Suite 101, Tampa, FL 33626, Phone: 888-531-1313, Fax: 888-551-6035.