

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

The mental health professionals at Beachside Counseling & Wellness, LLC adhere to all of the following policies and practices related to the confidentiality of your Protected Health Information (PHI). We are required by federal and state law and the ethical guidelines of Mental Health Professionals to maintain the privacy of your PHI. We are also required to offer you a copy of this notice about our privacy policies and practices, legal duties, and your rights regarding confidentiality and your PHI. The effective date of this notice is: April 1, 2015, and it is updated, as needed or required by law.

### **Uses and Disclosure of Protected Health Information (PHI)**

Paper and/or electronic health records are generated by your clinician in order to provide services to you. Your signature on the consent form authorizes the use and disclosure of your PHI for the following purposes:

1. To plan and provide treatment.
2. Consultation with other mental health professionals about your treatment.
3. Disclosures required by health insurers or other third-party payers for payment of services.
4. Limited necessary information used by administrative staff to schedule your appointments and arrange for insurance or other third-party payers to pay for services provided to you.

All professional and administrative associates are bound by these same rules of confidentiality. However, we cannot be responsible for how your insurance or other third-party payer manages/protects your PHI once they have received it.

### **Limits to Confidentiality**

In the following circumstances, we are required or permitted by law to disclose your PHI without your consent:

1. Emergencies: If there is evidence of danger or harm to you or someone else.
2. If you need to be involuntarily hospitalized for debilitating mental illness or alcoholism.
3. If you disclose information about abuse, neglect or exploitation of a vulnerable individual (child, disabled adult or other dependent person).
4. Court Orders: A court may require disclosure of your PHI for several reasons not limited to the following.
  - a. If a civil, criminal, or disciplinary action arises from a complaint filed on your behalf against a mental health professional;
  - b. If your mental or emotional condition is presented as a legal defense;
5. Allegations of sexual misconduct by a Florida licensed health professional must be reported to the licensure board.
6. If you disclose HIV infection without informing sexual or needle-sharing partner
7. In some circumstances, your PHI may be disclosed without your consent to:
  - a. Public health authorities;
  - b. Law enforcement officials;
  - c. Correctional institutions (regarding inmates)
  - d. Federal officials for lawful military or intelligence activities;
  - e. Coroners, medical examiners and funeral directors; and
  - f. Other entities when required by law.

Except for the circumstances described above, your PHI will not be disclosed without your written permission. If your clinician receives a request for your PHI without your written consent, they will contact you and ask if you wish to authorize disclosure. If you refuse or you cannot be contacted, your PHI will not be disclosed.

**Your Legal Rights**

Under federal HIPAA rules, you have certain rights regarding your PHI. They include the following:

1. **The right to request confidential communications.** You may request that phone messages regarding appointments or other matters, bills or other communications be made in a confidential manner as long as you provide a means to process payment transactions.
2. **The right to review and copy your record.** Usually, you may examine and/or receive a copy of your clinical and billing record. The request must be in writing and a reasonable copying fee may be charged. This request may be denied if disclosure is deemed likely to endanger you and/or others. A written report of examination and treatment may be provided in lieu of complete copies of your records, consistent with Florida statute 455.667(4).
3. **The right of parents to view their minor child's record.** Parents of clients under 18 years of age, who are not emancipated, may have the right to examine their child's treatment records. The benefits of privacy to the success of treatment will be discussed before treatment commences and appropriate arrangements for disclosure of private information will be determined.
4. **The right to request amendments to your PHI.** You may request, in writing, corrections to your clinical record if you believe that important information is incorrect or missing. Your request may be denied for a few specific reasons. Denied requests will be explained by your clinician.
5. **The right to request restrictions:** You may request restrictions, in writing, to how your PHI is used or disclosed to carry out treatment, payment or healthcare operations or you may revoke consent for disclosures that have not already occurred based on your prior consent. Your clinician may refuse your request for restrictions or deny treatment based on your refusal to sign or if you revoke this consent.
6. **The right to an accounting of disclosures:** You may request a written accounting of all disclosures of your PHI for up to six years prior to the date of your written request. The accounting does not include any disclosures for which you have given written consent, those given directly to you, for national security or intelligence purposes, or to correctional institutions and law enforcement officials. You are entitled to one free accounting in any twelve-month period.
7. **Right to obtain a copy of this notice** and any revisions to the notice at any time.
8. **Complaints.** You have the right to complain to the privacy officer, Lucy Lauer, LMHC, or United States Secretary of Health and Human Services if you believe your privacy rights have been violated. There is no risk in filing a complaint.

Office for Civil Rights

U.S. Department of Health and Human Services

OCR Hotlines-Voice: 1-800-368-1019

I have read and understand the information above. I have been given the opportunity to discuss this consent and to ask for clarification. I have the right to refuse or withdraw from any procedure at any time unless otherwise specified by law. I understand that I may withdraw this consent at any time without prejudice.

Client Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 8/18/15

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