

# Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information.

*Please review carefully.*

John A Llauget, LMHC (“Provider”)

The Provider is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the Provider keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. As part of the Provider’s legal duties this Notice of Privacy Practices must be given to you. The Provider is required to follow the terms of the Notice of Privacy Practices currently in effect.

## Uses and Disclosures of your protected health information

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number(s), social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Your protected health information may be used or disclosed by the Provider for purposes of treatment, payment and health care operations.

The Provider may send the information to insurance companies to pay for the services provided to you.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include: ➤ Reporting abuse of children, adults, or disabled persons, including physical and/or sexual abuse and violence ➤ Investigations related to a missing child

- Court orders, warrants, or subpoenas
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings
- If you are or become a danger to yourself or others, or to prevent a serious threat of injury to yourself or others
- Other exceptions to uses of your protected health information are included in the “Limits of Confidentiality”

Other uses and disclosures of your protected health information by the Provider will require your written authorization. The authorization will have an expiration date that may be revoked by you in writing.

## Individual Rights

***You have the right to request the Provider restrict the use and disclosure of your protected health information*** to carry out treatment or payment. You may also limit disclosures to individuals involved with your care. The Provider is not required to agree to any restriction. ***You have the right to be assured that your information will be kept confidential.*** The Provider may mail or call you with appointment reminders, and will make contact with you in the manner and at the address or phone number you select. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

***You have the right to inspect and receive a copy of your protected health information.*** Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the Provider.

***You have the right to correct your protected health information.*** Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Provider may deny your request, in whole or part, if the protected health information:

- Was not created by the Provider
- Is not protected health information
- Is not by law available for your inspection, or ➤ Is accurate and complete.

If your correction is accepted, the Provider will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The Provider will respond to your letter in writing.

You may also file a complaint with the appropriate state and/or national organizations or the Florida Board of Mental Health Counselors. ***You have the right to receive a summary of certain disclosures*** the Provider may have made of your protected health information. This summary does **not** include:

- Disclosures made to you or authorized by you
- Disclosures made to carry out treatment or payment ➤ Disclosures for health professional regulatory purposes
- Disclosures to report abuse of children, adults, or disabled.

This summary **does** include responses to court orders, subpoenas, or warrants.

### **Effective Date**

This Notice of Privacy Practices is effective beginning April 14, 2003, and will be in effect until a new Notice of Privacy Practices is approved and posted.