



SCW Psychological, Inc.

Notice of Information Practices

UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (“HIPPA”), WE ARE REQUIRED TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION AND PROVIDE YOU WITH NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO SUCH PROTECTED HEALTH INFORMATION. PLEASE READ IT CAREFULLY.

Each time you visit a hospital, physician, psychologist or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination/test results, diagnosis, treatment, and a plan for future care or treatments. This information is often referred to as your health or medical records and serves as:

- The basis for planning your care and treatment
- The means of communication among the health professionals participating in your care
- A legal document describing the care you received
- The means by which you or a third-party payer can certify that the services billed were actually provided
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work on to improve the care we deliver and the outcomes we achieve

Understanding what is in your record and how your health information is used, helps you to ensure its accuracy, make more informed decisions when authorizing disclosure to others, and better understand the condition under which others may access your health information.

Understanding Your Health Information Rights

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of the information practices upon request
- Inspect and obtain a copy of your health record
- Request to amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

We are required to:

- Maintain privacy of your health information
- Provide you with a notice as to our legal duties & privacy practices with respect to your information
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations
- Abide by the terms of this notice

If you have questions and would like additional information, you may contact us at 1550 Madruga Avenue, Suite 408, Coral Gables, Florida 33146. If you believe your privacy rights have been violated, you can file a complaint with us or with the Secretary of Health and Human Services.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use and disclose your health information for treatment, upon your authorization. For example, information obtained by us will be recorded in your record and used to determine the course of treatment that should work best for you. Your

psychologist will then record his/her observations and actions taken. In that way, your psychologist and other providers will know how you are responding to treatment. Copies of these records, a treatment summary, as well as other reports will be provided to other providers at your request in order to coordinate care.

We will use and disclose your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered or to prove that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and to the extent necessary to comply with workers compensation or other similar programs established by law.

Business Associates. There are certain limited services provided in our organization through contacts with business associates. Examples include services by clerical staff, transcription services, other psychologists in the practice or accountants. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your coming appointment, your location and general condition. You may express a preference for whether or not this is done and the means by which this contact occurs.

Confidentiality. In general, the confidentiality of all communications between a patient and a psychologist is protected by law, and your psychologist can only release information about your treatment to others with your written permission. The provision of confidentiality is absolutely essential to the establishment of a trusting relationship between a patient and his/her psychologist. However, there are a number of exceptions to confidentiality.

In most judicial proceedings, you have the right to prevent the disclosure of any information about your treatment. However, in some circumstances such as child custody proceedings and hearings in which your emotional condition is considered to be an important element, a judge may require your psychologist's testimony if s/he determines that resolution of the issues demand it. Additionally, if a therapist is required to defend himself/herself in a legal proceeding, certain details about the treatment may be revealed.

There are some situations in which your psychologist is legally required to take action to protect others from harm, even though that requires revealing some information about a patient's treatment. For example, if the psychologist suspects that a child, elderly person, or a disabled person is being or has been abused, the psychologist is required to file a report with the Department of Children and Families.

If the psychologist believes that a patient may cause serious bodily harm to another person, the psychologist is required to take protective actions, which may include notifying the potential victim, notifying the police or seeking appropriate hospitalization. If a patient threatens to harm him/herself, the psychologist is required to seek hospitalization for the patient or to contact family members or others who can help provide protection.

In order for therapy to be of maximum benefit, your psychologist may occasionally find it helpful to consult about a case with another professional. In these consultations, the psychologist will make every effort to avoid revealing any identifying information about the patient. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, the psychologist will not tell you about these consultations unless the psychologist feels that it is important for your treatment.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that your psychologist and you discuss any questions or concerns which you have at the next session. The law governing these issues is quite complex and the psychologist is not an attorney. While the psychologist is happy to discuss these issues with you, should you need specific advice to your situation, formal legal consultation may be desirable.

EFFECTIVE DATE: 4/14/2003

I acknowledge receipt of a copy of this notice _____ Date _____