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HIPAA DISCLOSURE

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how medical information about you, including that involving mental health treatment and psychological services may be used and disclosed, and how you can gain access to this information. Please review it carefully.

HIPAA PRIVACY INFORMATION

HIPAA (Health Insurance Portability and Accountability Act) is a federal law that defines Protected Health Information (PHI) and mandates its protection by the providers of certain health care services. It is important that you know the general rights and obligations directed by this law.

In addition to the following HIPAA rules, the laws of the State of Florida, including F.S. Ch. 490, F.S. Ch. 491, and the Code of Ethics Code of the American Psychological Association, also guide my practice. In most cases, the guidelines followed by my practice in the protection of your PHI and confidentiality are stricter than those mandated by HIPAA. Mental health practitioners have traditionally maintained much stricter control of patient information than other health providers and that will continue to be the case with my practice. Please contact my office if you have questions about your PHI and our confidentiality practices.

FLORIDA-HIPAA PRIVACY NOTICE FORM

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

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

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

My practice and I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **Protected health information (PHI)** refers to information in your record that could identify you.
- **Treatment** is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health professional.
- **Payment** refers to the fees you pay me for services. Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-

related matters such as audits and administrative services, and case management and care coordination.

- **Use** applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this practice such as releasing, transferring, or providing access to information about you to other parties.

II. 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. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes contain documentation of my work with you, and include but are not limited to our conversations during individual, group, joint, and family counseling sessions, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations at any time, provided each revocation is in writing.

III. Uses and Disclosures with Neither Consent nor Authorization

My practice and I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from me relevant to that 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 records, such information is privileged under state law. I will not release this information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, I may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement agency, or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, I must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

IV. Patient's Rights and Mental Health Practitioners' Duties

Patient's Rights:

- **Right to Request Restriction:** You have the right to request restrictions on certain uses and disclosures of protected health information 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 have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I/we will send your bills to another address.
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of PHI in my mental health and billing records for as long as the PHI is maintained in the record. Upon your request, I will discuss with you the details of the request process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Mental Health Practitioners' Duties:

- My practice and I are 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 provide a revised notice in person or through the mail.

V. How To Complain About My Privacy Practices

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. Person To Contact For Information About This Notice Or To Complain About My Privacy Practices

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:

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VII. Effective Date Of This Notice

This notice went into effect on April 14, 2003.