

VALENTINE MENTAL HEALTH PLLC

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NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION

Valentine Mental Health PLLC (the “Practice”) is a Florida Limited Liability Company. This Notice of Privacy Practices covers all employees, owners, contractors, and providers of the Practice.

We understand that health information about you and your health care is personal. We are committed to protecting health information about you.

We create and maintain a record of the care and services you receive the Practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this Practice.

This Notice describes the ways in which we may use and disclose your protected health information (“PHI”). It also describes your rights regarding the health information we maintain about you, and our obligations concerning the use and disclosure of your health information.

We are required by law to:

- a) Ensure that PHI that identifies you is kept private.
- b) Provide you this Notice of our legal duties and privacy practices with respect to your health information.
- c) Abide by the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain about you. The revised Notice will be available upon request, in our office, and on our website.

II. USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe different ways in which we may use and disclose your PHI. For each category, we explain what we mean and provide examples. Not every possible use or disclosure within a category is listed. However, all permitted uses and disclosures of PHI will fall within one of these categories.

A. For Treatment Payment, or Health Care Operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient or client to use or disclose the patient or client's PHI without written authorization, for purposes of treatment, payment, or health care operations.

We may also disclose your PHI to other health care providers⁰ for their treatment activities without your written authorization. For example, if a clinician consults with another licensed health care provider about your condition, we may use or disclose your PHI to assist in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not subject to the "minimum necessary" standard. Therapists and other health care providers may need access to complete and accurate information in order to provide quality care.

The word "treatment" includes, but is not limited to, the coordination and management of health care providers with third parties, consultations between health care providers, and referrals from one health care provider to another.

B. Lawsuits and Disputes

If you are involved in a lawsuit, or legal dispute, we may disclose health information in response to a court or administrative order.

We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, including information about your minor child. Before such disclosures are made, reasonable efforts will be made to notify you of the request or to obtain a court order or other legal protection limiting the use or disclosure of the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

A. Psychotherapy Notes

We maintain “psychotherapy notes” as that term is defined in 45 CFR § 164.501. Any use or disclosure of psychotherapy notes requires your written authorization, unless the use or disclosure is for a purpose outlined below in Section IV.

B. Marketing Purposes

As a psychotherapist, we do not use or disclose your PHI for marketing purposes.

C. Sale of PHI

As a psychotherapist, we do not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations, we may use and disclose your PHI without your written authorization for the following reasons:

A. As Required by Law

We may use or disclose PHI when disclosure is required by state or federal law, provided the use or disclosure complies with and is limited to the relevant requirements of such law.

B. Public Health Activities

We may use or disclose PHI for public health activities, including reporting suspected child, elder, or dependent adult abuse or neglect, and preventing or reducing a serious threat to the health or safety of any individual or the public.

C. Health Oversight Activities

We may disclose PHI to health oversight agencies for activities including, but not limited to, audit, investigations, inspections, licensure, or other proceedings authorized by law.

D. Judicial and Administrative Proceedings

We may disclose PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process. When feasible, it is our preference to obtain your written authorization before any such disclosures are made.

We may also use or disclose PHI when necessary to defend ourselves in legal proceedings initiated by you.

E. Law Enforcement Purposes

We may disclose PHI for law enforcement purposes, including reporting crimes that occur on our premises.

F. Coroners and Medical Examiners

We may disclose PHI to coroners or medical examiners, when such individuals are performing duties authorized by law.

G. Research Purposes

We may use or disclose PHI for research purposes, such as studying or comparing the mental health outcomes of patients who received different forms of therapy for the same condition, in accordance with applicable law.

H. Specialized Government Functions

We may disclose PHI for specialized government functions, including, but not limited to, ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence, counterintelligence, or national security operations, or ensuring the safety of individuals working in or housed in correctional institutions.

I. Workers' Compensation

We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws. When feasible, it is our preference to obtain your written authorization before any such disclosures are made.

J. Appointment Reminders and Health-Related Communications

We may use and disclose PHI to contact you with appointment reminders. We may also use and disclose your PHI to inform you about treatment alternatives, or other health care services or benefits that we offer.

K. Training and Supervision

We may use and disclose PHI for our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

V. DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS INVOLVED IN YOUR CARE

We may disclose your PHI to a family member, friend, or other person that you identify as being involved in your care, or in the payment for your health care, unless you object to such disclosure, in writing.

If you are present and capable of agreeing or objecting to such disclosures, we will obtain your written consent prior to the disclosure of PHI. If you are not present or are incapacitated, we may, in the exercise of our professional judgment, determine whether disclosure is in your best interests. In emergency situations, your consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights with respect to your PHI:

A. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the uses or disclosures of your PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may deny the request if we believe it would adversely affect your care.

B. Right to Request Restrictions for Services Paid Out-of-Pocket Expenses in Full

You have the right to request that we do not disclose PHI to your health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service that you have paid out-of-pocket in full. We will honor this request unless disclosure of the information is otherwise required by law.

C. Right to Request Confidential Communications

You have the request that we contact you about your health information in a specific way or that we send such communications to a specific location (for example, by phone at home or work, or by mail at a different address). We will accommodate all reasonable requests.

D. Right to Inspect and Obtain Copies of Your PHI

Other than “psychotherapy notes,” you have the right to inspect or obtain an electronic or paper copy of your medical record and other PHI that we maintain about you. However, please note that in accordance with the law, a written summary of your therapy may be provided in lieu of the actual complete records.

To request to inspect or obtain a copy of your medical record, you must provide written notice to our Privacy Officer at:

Lisa Michelle Valentine, L.M.H.C., M.A.
Valentine Mental Health PLLC
801 West State Road 436, Suite 3151 #1074
Altamonte Springs, Florida 32714
E-mail: Lisa@ValentineMentalHealth.com
Telephone: (407) 499-1570
Telefax: (407) 564-1301

We will provide you with access to your records or a summary of your records within 30 days of receiving your written request. We will provide this access at our main office.

We may charge a reasonable, cost-based fee for providing copies.

E. Right to Receive an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by us for purposes other than treatment, payment, or health care operations, or disclosures made pursuant to your written authorization.

You must provide written notice to the Privacy Officer of your request to receive an accounting of disclosures at the address listed above. We will provide the accounting to you via e-mail within 60 days of receiving your request, unless otherwise specified.

The accounting will cover disclosures made in the last six (6) years prior to your request, unless you request a shorter time period.

We will provide the first accounting to you at no charge. If more than one request is made in a 12-month period, a reasonable, cost-based fee may be charged for additional requests within the same 12-month period.

F. Right to Request an Amendment to Your PHI

If you believe your PHI is incorrect or incomplete you have the right to request that an amendment be made. We reserve the right to deny your request.

You must provide written notice of your request that an amendment be made to our Privacy Officer at the address given above. Such notice must specify the amendment(s) you are requesting be made. We will provide you with confirmation that the amendment was made via e-mail, within sixty (60) days of receiving such written request.

We reserve the right to deny a request for an amendment of PHI. If a request is denied, we will provide you with a written explanation of such denial via e-mail within sixty (60) days of receiving your request.

G. Right to Obtain a Copy of this Notice

You have the right to receive a paper copy of this Notice, as well as an electronic copy, upon reasonable request. Your request must be made in writing to our Privacy Officer at the address listed above. We will provide you with a copy of this Notice within thirty (30) days at our office, unless otherwise requested.

VII. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practice becomes effective on the date signed below.

VIII. ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (“PHI”).

By checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices. This acknowledgement does not constitute consent to treatment.

BY SIGNING BELOW, WE ARE AGREEING THAT WE HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS NOTICE.

Patients/Clients:

Signature

Date

Name (print): _____

Signature

Date

Name (print): _____

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