

**GRACE COUNSELING SERVICES OF WINTER HAVEN, PLLC**  
**180 East Central Avenue**  
**Winter Haven, FL 33880**  
**863-210-9473**

**NOTICE OF PRIVACY PRACTICES**

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you is protected, and how it may be used and disclosed. During the process of providing services, Grace Counseling Services of Winter Haven, PLLC, will obtain, record, and use mental health and medical information about you that is Protected Health Information (PHI). PHI contains specific information that identifies a person or can be used to identify a person such as 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, social security number and any other means of identifying you as a specific person.

Your PHI may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. Ordinarily, that information is confidential and will not be used or disclosed. However, there are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Florida law provides strict protections for patient confidentiality, which together with ethical restrictions and standards often will be more private than HIPAA guidelines. This notice takes effect on September 15, 2019 and will remain in effect until it is replaced.

**USES, DISCLOSURES, AND COMMUNICATION OF PROTECTED INFORMATION**

**A. General Uses and Disclosures Not Requiring the Patient's Consent:**

- 1. Treatment:** Treatment refers to the provision, coordination, or management of health care (including mental health care) and related services. During treatment, the provider may consult with other providers, without identifying you by name and not disclosing any other identifying information about you, in order to ensure the best care possible for your concerns.
- 2. Payment:** Payment refers to the activities undertaken by the provider to obtain or provide reimbursement for the provision of health care. For example, the provider will use your information to develop accounts receivable information, to bill you, and (with your consent) to bill third parties. If you elect to have a third party pay for your treatment, the information provided to the third party may include information that identifies you as well as your diagnosis, type of service, date of service, and other information about your condition and treatment. A medical biller works with the provider to provide confidential billing services; as a business associate, the billing agency was required to enter into an agreement maintaining the privacy of the Protected Health Information released to them.
- 3. Practice Operations:** The provider may use and disclose your health information internally in the course of your treatment. If the provider wishes to provide information outside of our practice for your treatment by another health care provider, you will be required to sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- 4. Contacting the Patient:** The provider may contact you to remind you of appointments, or to change or cancel appointments. The provider may leave messages on voicemail or with other parties, identifying the name and phone number of the provider. The provider will use best judgment in the details left on a voicemail. If you do not want the provider leaving messages, or if you wish to restrict the messages in any way, please notify the provider in writing.

**5. Required by Law:** The provider will disclose protected health information when required by law or necessary for health care oversight. This includes, but may not be limited to: (a) reporting suspected abuse of children, adults or disabled persons; (b) investigations related to a missing child; (c) when ordered to release information by court orders, warrants or subpoenas; (d) when there is a legal duty to warn or take action regarding imminent danger to others; (e) when the patient is a danger to self or others or gravely disabled; (e) when a coroner is investigating the patient's death; (f) reporting any suspected threat to national security to federal officials; or (g) reporting to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.

**6. Family Members:** Except for certain minors or involuntarily treated individuals, protected health information cannot be provided to family members without the patient's consent. In situations where family members are present during a discussion with the patient, and it can be reasonably inferred from the circumstances that the patient does not object, information may be disclosed in the course of that discussion. However, if the patient objects, protected health information will not be disclosed.

**7. Emergencies:** In life-threatening emergencies, the provider will disclose information necessary to avoid serious harm or death. Information regarding individuals who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers or others as necessary, to provide the care and management coordination needed.

**8. Crimes on the premises or witnessed by the provider:** Crimes that are witnessed by the provider, crimes that are directed toward the provider, or crimes that occur on the premises will be reported to law enforcement.

**B. Patient Authorization or Release of Information:** The provider may not use or disclose information in any other way without a signed authorization or release of information. When you sign an authorization or a release of information, it may later be revoked provided that the revocation is in writing. The revocation will apply, except to the extent the provider has already taken action in reliance thereon. The provider must not use or disclose your Protected Health Information for any of the following reasons without your authorization: (1) for marketing purposes; (2) to sell your Protected Health Information to a third party; and (3) most uses and disclosures of your psychotherapy notes.

**C. Protection of Confidential Information:** The provider has taken steps to protect the confidentiality of your information, including the use of name-codes, password protection of computer files, locked file cabinets, and other security measures. The practice is required to notify you if there is a security breach involving your private health information, and will do so within sixty (60) days of the date the provider learns of a breach. Your files will be destroyed (shredded or incinerated) when past the time required by statute for the maintenance of such records.

## **YOUR RIGHTS AS AN INDIVIDUAL**

**A. Access to Treatment:** You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected

category. You have the right to decide not to receive services with me. If you wish, you will be provided with names of other qualified professionals.

- B. Right to Choose Someone to Act for You** – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- C. Right to Terminate** – You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.
- D. Confidentiality:** You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires us to share that information.
- E. Access to Protected Health Information:** You have the right to inspect and obtain a copy of the Protected Health Information the provider has regarding you, in the designated record set. If records are used or maintained as an electronic health record, you have a right to receive a copy of the PHI maintained in the electronic health record in an electronic format. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask the provider.
- F. Copy of Your Record:** You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advance and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.
- G. Amendment of Your Record:** You have the right to request that the provider amend your Protected Health Information. The provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask the provider.
- H. Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures the provider has made regarding your Protected Health Information. However, that accounting does not include disclosures that were made for the purpose of Treatment, Payment, or Health Care Operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask the provider.
- I. Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your health information, including disclosures to your health plan. Unless you pay for your services out-of-pocket, the provider does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. If you pay for a service out-of-pocket, you are permitted to stipulate that information regarding the service not be disclosed to your health plan or insurance. To make a request, ask the provider.
- J. Alternative Means of Receiving Confidential Information:** You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail statements or other materials to your home,

you can request that this information be sent to another address. There are limitations to the granting of such requests. You will also have to pay any additional costs that may be associated with such a request.

#### **ADDITIONAL INFORMATION**

- A. Privacy Laws:** The provider is required by State and Federal law to maintain the privacy of Protected Health Information. In addition, the provider is required by law to provide individuals with notice of the provider's legal duties and privacy practices with respect to Protected Health Information. That is the purpose of this notice.
- B. Terms of the Notice and Changes to the Notice:** The provider is required to abide by the terms of this notice, or any amended notice that may follow. The provider reserves the right to change the terms of the notice and to make the new notice provisions effective for all Protected Health Information that is maintained. When the notice is revised, the revised notice will be posted at the provider's office and website and will be available upon request.
- C. Complaints Regarding Privacy Rights:** If you believe the provider has violated your privacy rights, you have the right to complain to the provider. You also have the right to complain to the Department of Florida Department of Health by sending your complaint to:

Department of Health's Inspector General  
4052 Bald Cypress Way, BIN A03  
Tallahassee, FL 32399-1704  
Phone: 850-245-4141

Secretary of the U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 202-619-0257  
Toll-free: 877-696-6775

It is the policy of the provider that there will be no retaliation for your filing of such complaints.

- D. Contact Information:** If you have questions about this notice or desire additional information about your privacy rights, please contact the Privacy Officer at:
- Grace Counseling Services of Winter Haven, PLLC  
180 East Central Avenue  
Winter Haven, FL 33880  
863-210-9473

- E. Effective Date:** This notice is effective September 15, 2019.