

# Gracious Mind P.A.

Norda Hernandez Psy. D.  
Clinical and Pediatric Psychologist

## FLORIDA NOTICE FORM

### Notice of Psychologist's/Mental Health Clinician's Policies and Practices to Protect the Privacy of Your Health Information (Section 164.50)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAUMENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### I. Commitment to Privacy:

We understand that health related information about you and/or you child is very personal and we are committed to protecting the privacy of this information. Each time you visit Gracious Mind P.A. we will create a record of the care and services you or your child receive. This record is necessary to provide high quality care and to ensure we are in compliance with certain legal requirements.

#### II. Uses and Disclosures for Treatment! Assessment, Payment and all Health Care Operations:

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

- "PHI" refers to information in the health record that could identify you or your child.
- "Treatment/Assessment, Payment and Health Care Operations"
  - *Treatment/Assessment* is when we provide, coordinate or manage your health care or other services related to that health care. An example of treatment/assessment would be when we consult with another health care provider, such as your family physician or another mental health provider or psychologist or other M.D. or D.O.

- *Payment* is when we obtain reimbursement for your health care or the healthcare of your child. Examples of payment are when we disclose PHI to your health insurer to obtain reimbursement for health care or to determine eligibility or coverage.

- *Health Care Operations* are activities that relate to the performance and operation of our 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 our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you or your child.
- "Disclosure" applies to activities outside of our office such as releasing, transferring, or providing access to information about you or your child to other parties.

#### fII. Uses and Disclosures Requiring Authorization:

We may use or disclose PHI for purposes outside of treatment, payment and health care operations when appropriated authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes

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outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### IV. Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we know, or have reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, other child, or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services and/or local police authorities, if applicable.

Adult and Domestic Abuse: If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected; or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

- Health Oversight: If a complaint is filed against us with the Florida Department of Health on behalf of the Board of Psychology and/or Medical Quality Assurance Board, the Department has the authority to subpoena confidential mental health information from us 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 and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your child's legal representative, or a court order of which you have been properly notified and you have failed to inform us that you are opposing the court order. The privilege does not apply when you or your child are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance *if* this is the case.
- Serious Threat to Health or Safety: When you or your child present a clear and immediate probability or physical harm to yourself or himself/herself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- Worker's Compensation: If you file a worker's compensation claim, we must, upon request of the employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish relevant records to those persons.

#### V. Patient's Rights and Psychologist's/Mental Health Provider's Duties:

Patient's Rights:

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Right to Request Restrictions: You *have* the right to request restrictions on certain uses and disclosures of protected health Information about you or your child. However, we are 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 or your child are seeing us. Upon your request, we will send your bills to another address).
- Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about your or your child for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the amendment 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. We may deny your request. On your request, we 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 or your child. On your request, we 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 us upon request, even if you have agreed to receive the notice electronically.

## Psychotherapist's/Mental Health Provider's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

## •VI. Complaints:

•If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact directly:

•Norda Hernandez Psy.D.  
Licensed Clinical Psychologist  
Gracious Mind P.A.  
2645 Executive Park Drive, Suite134  
Weston, FL 33331  
Office Ph: (954) 641 3458  
Fax: (954) 385 3303

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You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You will be provided with the appropriate address upon request.

This notice will go into effect on March 1, 2009.