Gayle@Lotuscwc.com www.Lotuscwc.com

Wellness Center

<u>HIPAA - NOTICE OF PRIVACY PRACTICES</u> Health Insurance Portability and Accountability Act - Effective date: March 25, 2007

Client Name:	DOB:
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This Notice describes how medical and other information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

The privacy and confidentiality of your health information is very important, and we are committed to protecting it to the extent that we can, consistent with federal and state laws and ethics of the counseling profession. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow the disclosure of your health information for these purposes.

Uses and Disclosures for Treatment, Payment, and Health Care Operations: We 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:

- *"PHI" refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations" Treatment refers to when a Lotus CWC provides, coordinates, or manages your

health care and other services related to your health care. An example of treatment would be when Lotus CWC consults with another health care provider, such as your primary care physician or another therapist/life coach on your behalf. Payment is when Lotus CWC obtains reimbursement for your healthcare. Examples of payment are when Lotus CWC discloses your PHI to your health

Insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance and operation of Lotus CWC. 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 Lotus CWC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure" applies to activities outside of Lotus CWC such as releasing, transferring, or providing access to information about you to other parties.

I. Uses and Disclosures Requiring Authorization

Lotus CWC 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 Lotus CWC is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes and/or other private information contained in your file. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Lotus CWC has 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.

II. Uses and Disclosures with Neither Consent nor Authorization

Lotus CWC 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 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.

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*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 Lotus CWC or any of its providers with the Florida Department of Health on behalf of the Board Mental Health, the Department has the authority to subpoen confidential mental health information from Lotus CWC 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 Lotus CWC will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have not informed Lotus CWC that you are opposing the subpoena or a court order. The privilege does not apply when you 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 present a clear and immediate probability of physical harm to yourself, 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 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.

III. Patient's Rights and Psychotherapist's Duties

Patient's Rights:

*Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Lotus CWC is not required to agree to the 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 a provider at Lotus CWC, so upon your request, we will send correspondence to another address.)

*Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request as it is processed.

*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, however, deny your request. On your request, we will discuss with you the details of the amendment process.

*Right to an Accounting – In general, you have the right to receive an accounting of disclosures of your PHI. On your request, we will discuss with you the details of this process.

*Right to a Paper Copy – You have the right to obtain a paper copy of the notice from Lotus CWC upon your request, even if you have previously agreed to receive the notice electronically.

Psychotherapist's Duties:

We at Lotus CWC are required by law to maintain the privacy of your PHI and to provide you with this 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 and until, we notify you of such changes, however, we are required to abide by the terms currently in effect.

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If we revise our policies and procedures, we will provide a notice to you in writing indicating a change has been made and provide you a copy of the updated notice.

IV. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact, Gayle M. Elazar at 727-744-2559, who will serve as the Privacy Officer for Lotus CWC.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Gayle M. Elazar, 2325 Ulmerton Road, Suite 11C, Clearwater, FL 33762.

If you are not satisfied, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the complete address upon request. Lotus CWC understands and agrees that you have specific rights under the Privacy Rule and we will not retaliate against you for exercising your right to file a complaint.

By signing below, you agree that you have re	ad, understood, and accept the above informa	ition.
Client Name	Client Signature	Date
Guardian Name (if client is a minor) *If signing for a minor client. I hereby state that my pare	Guardian Signature	Date