SOPHIE GUELLATI-SALCEDO Ph.D.
HEALTH PSYCHOLOGIST

1450 Madruga Avenue, Suite 201
Coral Gables, FL 33146
sophie.guellati@gmail.com
Tel. : (305) 799 9970

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGMENT OF RECEIPT.

A federal regulation, known as the "HIPAA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about you. The HIPAA Privacy Rule and applicable state laws require that we protect the privacy of personal and health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual, such as your name, age, address, social security number, or place and type of employment. This information is called "Protected Health Information" (PHI). This notice describes your rights and our obligations regarding the use and disclosure of PHI.

We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our notice of privacy practices that is currently in effect.

We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post this information on our website and provide you with a copy of the revised notice upon your request.

HOW WE PROTECT YOUR HEALTH INFORMATION

We protect your health information by:

- Treating all of your health information that we collect as confidential;
- Restricting access to your health information to the clinical staff, who need to know your health information in order to provide our services to you;
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations regarding your health information, such as using encryption methods for our electronic records.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

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

The following categories describe the different ways we may use and disclose protected health information for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.
We may use or disclose your health information for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

Treatment is when a clinician provides, coordinates, or manages your health or psychological services. For example, a psychologist can communicate with a school teacher or coordinate care with your psychiatrist or primary care physician.

Payment is when a clinician is requested to communicate information to your health insurance company. For example, if you submit claims for reimbursement to your health insurance, they may request communication regarding your current mental health status and treatment plan.

Health Care Operations are activities that relate to the performance and operations of the office, such as audit, case management, and coordination of care.

Communications from Our Office may occur when new services are made available or when we collect data on client satisfaction.

B. Uses and Disclosures Requiring Your Written Authorization

We may use or disclose your protected health information for purposes outside treatment, payment , or health care operations, if you authorize such further disclosure (or for purposes described below, which may not require authorization).
An authorization is a written permission above and beyond consent for treatment that permits only specific disclosures. If we are asked information about you for purposes other than treatment, payment, or health care operations (for example, a school requesting the results of a psychoeducational assessment), we will obtain an authorization from you before releasing that information, except as provided below. You may revoke an authorization at any time, provided each revocation is in writing, and except to the extent we have taken action based on the authorization.

C. Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Notice of Privacy Practices, cont.

We may use or disclose your protected health information without your consent or authorization in the following circumstances:

To Avert a Serious Threat to Health or Safety:
When necessary to prevent the risk of hurting yourself or others. This disclosure can be made only to a person who is able to help prevent the threat. This might include a family member, a hospital, or the police.

Child or Elder Abuse or Neglect:
Any mental health professional who has serious reason to believe that a child or elderly person is in danger is required to report this concern to the Department of Children and Families or to the police.

Parents of Minor Children:
They have the right to know what is going on in their child's therapy. To facilitate the therapeutic process, however, parents may agree to grant the minor privacy in therapy.

Allegations of Sexual Misconduct by a Licensed Health Care Provider:
They must be reported to the Florida Department of Health.

Lawsuits and Disputes:
If you are involved in a lawsuit in which you raise the issue of your mental health, we may be required to disclose your health information in response to a court or administrative order.

Health Oversight Activities:
If you file a formal complaint against a clinician in this office and the Board of Psychological Examiners investigated it, the office may be required to disclose your health information regarding your case.

Digital Record Keeping:
The practice has converted to electronic records in compliance with federal and state laws, using appropriate encryption and backup methods. In addition, the agency in charge of storing our electronic records may have access to your name and identification number. Therefore, they are subject to the same legal obligations regarding protection and sharing of PHI.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding protected health information about you:

Right to Request Restrictions:
You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care or benefit coverage that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you or verify coverage in the case of an emergency.

Notice of Privacy Practices, cont.

To request restrictions, you must make your request in writing. In your request, please include (1) the information that you want to restrict, (2) how you want to restrict the information (for example, restricting use to this office, restricting disclosure only to persons outside this office, or restricting both), and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications:
You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home) at the time of initial contact.

Right to Inspect and Copy:
You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your billing records, treatment plan, testing report, but does not include testing raw data. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

Right to Amend:
You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our practice. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures:
You have the right to request an accounting of certain disclosures that we made of PHI about you. This is a list of disclosures made by us during a specified
period of up to six years except for disclosures made:

- For treatment, payment, and health care operations;
- For use in or related to a facility directory;
- To family members or friends involved in your care;
- To you directly;
- Pursuant to an authorization of you and your personal representative; or
- For certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes).

If you wish to make such a request, the first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice:
You have a right to receive a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically.

Sophie Guellati-Salcedo, Ph.D.
Licensed Psychologist

sophie.guellati@gmail.com
Tel. : (305) 799 9970
Fax : (305) 663 1856

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Patient Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received a copy of the Notice of

Privacy Practices from Sophie Guellati-Salcedo, Ph.D.

_____ _____
Signature Date

For Office Use Only

We have made a good faith effort to obtain written acknowledgment of receipt of the Notice of Privacy Practices. Acknowledgment could not be obtained for the following reason(s):

Patient/Individual refused to sign (date of refusal) _____

Communication barriers prohibited obtaining an acknowledgment _____

An emergency situation or crisis prevented obtaining an acknowledgment _____

Other (explain) _____

Attempt was made by: _____