

## HIPAA NOTICE OF PRIVACY PRACTICES

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

### Commitment to Your Privacy

Dr. Bolton is dedicated to maintaining the privacy of your personal health information as part of providing professional care. She is required by law to keep your information private. These laws are complicated, but she must give you this important information. Dr. Bolton will use information about your health, which she gets from you or from others, mainly to provide you with treatment, to arrange payment for services and for some other business activities which are called health care operations. After you have read this NPP, Dr. Bolton will ask you to sign a Consent Form that verifies that you have read this document and consent to allow her to use and share your information as outlined in this document. If you or Dr. Bolton wants to use or disclose (send, share, release) your information for any other purpose, then most situations will require your written permission and Dr. Bolton will ask you to sign an Authorization form.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Dr. Bolton 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* is when Dr. Bolton provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Bolton consults with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when Dr. Bolton obtains reimbursement for your healthcare. Examples of payment are when Dr. Bolton 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 the 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 Dr. Bolton’s office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Dr. Bolton’s office, such as releasing, transferring or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

Dr. Bolton 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 instances when Dr. Bolton is asked for information for purposes outside of treatment, payment and health care operations, she will obtain a written authorization from you before releasing this information. Dr. Bolton will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that Dr. Bolton has made about conversations during a private, group, joint or family counseling session, which has been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

## HIPAA NOTICE OF PRIVACY PRACTICES – CONTINUED

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) Dr. Bolton 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. Dr. Bolton will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

### III. Uses and Disclosures with Neither Consent nor Authorization

Dr. Bolton may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Bolton knows, or has 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 she report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If Dr. Bolton knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or exploited, she is required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against Dr. Bolton with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from Dr. Bolton 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 Dr. Bolton 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 failed to inform Dr. Bolton 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, Dr. Bolton may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, Dr. Bolton 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.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that Dr. Bolton is required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

## HIPAA NOTICE OF PRIVACY PRACTICES – CONTINUED

### IV. Patient's Rights and Psychologist'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, Dr. Bolton is 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 are receiving services from Dr. Bolton. On your written request, Dr. Bolton 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 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, Dr. Bolton will discuss with you the details of the request 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. Dr. Bolton may deny your request. On your request, Dr. Bolton 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. On your request, Dr. Bolton 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 Dr. Bolton upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket*. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for Dr. Bolton's services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI*. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) the risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### Psychologist's Duties:

- Dr. Bolton is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Dr. Bolton reserves the right to change the privacy policies and practices described in this notice. However, unless Dr. Bolton notifies you of such changes, she is required to abide by the terms currently in effect.
- If Dr. Bolton revises her policies and procedures, then she will notify you in writing by mail or email, depending on the mode(s) of communication for which you have granted her permission to contact you.

## **HIPAA NOTICE OF PRIVACY PRACTICES - CONTINUED**

### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision Dr. Bolton makes about access to your records, or have other concerns about your privacy rights, you may contact Dr. Jonina D. Bolton.

If you believe that your privacy rights have been violated and wish to file a complaint with Dr. Bolton's office, you may send your written complaint to Dr. Jonina D. Bolton, 4731 Highway A1A, Vero Beach, Florida 32963.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Bolton can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Dr. Bolton will not retaliate against you for exercising your right to file a complaint.

### **VI. Effective Date, Restrictions and Changes to Privacy Policy**

Dr. Bolton reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that she maintains. Dr. Bolton will provide you with a revised notice by mail or email, depending on the mode(s) of communication for which you have granted her permission to contact you.

If you have any questions regarding this notice or the health information privacy policies, please contact the Privacy Officer for this office, Dr. Jonina D. Bolton. She can be reached by phone at 772-234-7100. The effective date of this notice is September 1, 2013.

*Jonina D. Bolton, Ph.D.*  
*Licensed Psychologist*

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**Acknowledgment of Receipt of the Notice of Privacy Practices**

I have received and read the Notice of Privacy Practices (NPP) for Dr. Bolton's office.

Name of Patient(s): \_\_\_\_\_

Signature of Patient(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

OR

Name of Parent/Guardian/Legal Representative (if the patient is a minor and/or legally represented by another person):  
\_\_\_\_\_

Signature of Parent/Guardian/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**Refusal**

It is your right to refuse to sign the document above. By signing below, you are acknowledging that refusal.

Name of Patient(s): \_\_\_\_\_

Signature of Patient(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

OR

Name of Parent/Guardian/Representative if patient is a minor or represented by another person:  
\_\_\_\_\_

Signature of Parent/Guardian/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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***Reason for Refusal***

\_\_\_\_\_ I do not understand information included in the NPP and would like further explanation. (Please specify)  
\_\_\_\_\_

\_\_\_\_\_ I do not agree to the content of the NPP. (Please specify):  
\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I do not wish to provide a reason for my refusal.

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***For Office Use Only:***

The reason that a standard acknowledgment (such as above) of the receipt of the Notice of Privacy Practices was not obtained:

\_\_\_\_\_ Patient refused to sign. Witnessed by or communicated to: \_\_\_\_\_

\_\_\_\_\_ Communication barriers prohibited obtaining acknowledgement.

\_\_\_\_\_ An emergency situation prevented this office from obtaining it.

\_\_\_\_\_ Other: \_\_\_\_\_

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