

Notice of Privacy Practices

PALM AND SAND PSYCHOTHERAPY

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Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can gain access to it. Please review it carefully.

I. My Responsibility to Protect Your Privacy

Information about you and your health care is personal, and I am committed to protecting it. I create records of the care and services you receive from me, to ensure the quality of your treatment as well as compliance with the law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104-191, 110 Stat. 1936) is a federal statute that sets forth the permitted uses of your protected health information (PHI). All of your treatment records are kept on a HIPAA-compliant online server, or at a secure and locked location. Pursuant to federal and state law, I am the sole owner of your physical and electronic treatment records, however the information contained in these records is yours. This notice applies to all of the records of your care generated by my practice. This notice will tell you about the ways in which I may use and disclose your health information, your rights to the information, and my legal obligations to disclose or not to disclose it. I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I reserve the right to change the terms of this notice, and such changes will apply to all information I maintain related to you. Any such changes will be available upon request, in my office, and on my website.

II. Your Rights Regarding Your PHI

You have the following rights with respect to your protected health information:

1. *Request Limits on Uses and Disclosures of Your PHI:* You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request if I believe it would adversely affect your health care.
2. *Request Restrictions for Out-of-Pocket Expenses Paid for In Full:* You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. *Choose How I Send PHI to You:* You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. *See and Obtain Copies of Your PHI:* Other than "psychotherapy notes" as defined below, you have the right to receive an electronic or paper copy of your clinical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so. If you request your records, it is recommended that we review them together. I may decline access to some or all of your records if believe that viewing them would cause you emotional harm. If you are denied access to your records, you may file an appeal of my decision with the New York and/or Florida State Department of Health.
5. *Get a List of the Disclosures I Have Made:* You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. *Correct or Update Your PHI:* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may decline your request, but I will tell you why in writing within 60 days of receiving your request.
7. *Obtain a Paper or Electronic Copy of this Notice:* You have the right to obtain a paper copy of this notice, as well as a copy through e-mail.

III. Uses and Disclosures That Do Not Require Your Authorization

It is my policy to make every effort to safeguard your privacy, and notify you of requests for your information. Under certain circumstances, however, I may be required to use or release your information without your authorization. The following categories describe different ways that I may lawfully do so:

1. *Treatment:* Your PHI may be shared with other healthcare providers who are treating you, in order to coordinate and assist with your mental health or medical care. I may disclose your PHI in this way both during and after your treatment with me.
2. *Consultation:* I may at times consult with other professionals in order to offer you the highest quality of care. Your PHI may be shared in this way only after redacting your name and any other information that could be used to identify you.
3. *Payment:* I may disclose your PHI to certain third parties for prior approval, authorization, or billing purposes. This may include your insurance carrier, healthcare plan, or a billing or collection service.

4. *Personal or Public Health Risks*: Your PHI may be disclosed for activities related to health risks, including but not limited to reporting suspected child, elder, or dependent adult abuse, as well as responding to a threat to the safety of you or another person. If I have reason to believe that you are in danger of harming yourself or another person, I may refer you for admission to a hospital, or initiate contact with a relative or other person who may be able to help ensure your safety. If I believe that there is a danger of you harming another person, I am required by law to notify that person to the best of my ability, as well as the police or other appropriate law enforcement agency.
5. *Health Care Oversight*: Under certain circumstances, I may disclose PHI to a health oversight agency for a legally authorized purpose. Such purposes may include, but are not limited to, inspections, audits, investigations, disciplinary actions, or compliance with government regulations.
6. *Judicial or Administrative Proceedings*: I may be legally required to disclose your PHI in connection with judicial or administrative proceedings, such as a lawsuit you may be involved in, including responding to a court or administrative order, or subpoena.
7. *Law Enforcement*: I may release PHI if requested by a law enforcement official, for purposes including but not limited to cooperation with criminal investigations, responding to a warrant, summons or other legal process, or to report a crime.
8. *Coroners or Medical Examiners*: Coroners or medical examiners may be entitled to access to your PHI, when such individuals are performing duties authorized by law.
9. *Research Purposes*: Your PHI may be subject to disclosure for research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
10. *Specialized Government Functions*: This may include ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
11. *Military Service*: I may disclose your PHI to a requesting government agency, if you are a member or veteran of the U.S. or foreign military forces, and if I am legally required to do so.
12. *Appointment Reminders*: I may use and disclose your PHI to contact you to remind you that you have an appointment with me.
13. *Treatment Alternatives*: I may use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits.
14. *Others Involved in Your Care*: I may disclose your PHI to a relative, friend, or other person you identify as being involved in the provision of or payment for your mental health or medical care.
15. *Legal Guardians of a Minor*: If you are a minor, your parents or guardians may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

16. *Worker's Compensation*: I may provide your PHI in order to comply with workers' compensation laws.
17. *As Otherwise Required by Law*: When disclosure is otherwise required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

IV. Uses And Disclosures That Require Your Authorization

The following uses of your protected health information require your written authorization:

1. *Psychotherapy Notes*: I may in some cases maintain psychotherapy notes, as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. *Marketing*: I will not use or disclose your protected health information for marketing purposes.
3. *Sale*: I will not sell your protected health information.
4. *Other Uses Not Specified*: Any other use of your PHI not specified in Section III of this notice requires your written authorization.

V. Uses And Disclosures That You May Object To

You have the right to object to the following uses of your protected health information:

1. *Disclosures to Family, Friends, or Others*: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Effective Date Of This Notice:

This notice went into effect on March 15, 2022.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.