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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW CAREFULLY.

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you or the payment of such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. **Use** of PHI means when I share, apply, utilize, examine or analyze information within my practice; PHI is **disclosed** when I release, transfer, give or otherwise reveal it to a third party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to your PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me.

HOW I WILL USE AND DISCLOSE YOUR PHI:

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Uses and Disclosures Related to Treatment, Payment or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

FOR TREATMENT: I may disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers which provide you with healthcare services or are otherwise involved in your care.

Example: If a psychiatrist is treating you, I may disclose your PHI to this individual in order to coordinate your care.

FOR HEALTH CARE OPERATIONS: I may disclose your PHI to facilitate the efficient and correct operation of my practice.

Example: Quality Control – I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants and others to make sure that I am in compliance with applicable laws.

TO OBTAIN PAYMENT: I may use and disclose your PHI to bill and collect payment for the treatment services I have provided you.

Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I can also provide your PHI to business associates, such as billing companies that process health care claims for my office.

OTHER DISCLOSURES: Your consent is not required if you need emergency treatment, provided I attempt to get your consent after treatment is rendered. In the event that I try to obtain consent but you are unable to communicate with me (i.e- if you are unconscious or in severe pain) but I think you would consent to treatment if you could, I may disclose your PHI.

CERTAIN OTHER DISCLOSURES DO NOT REQUIRE YOUR CONSENT:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing claims
- To a coroner or medical examiner for identification of a body
- If an inmate; to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Legal process and proceedings. Your PHI may be disclosed in response to a court order, summons, warrant, administrative order, grand jury subpoena, discovery request or other lawful process.
- To avoid harm. I may provide PHI to law enforcement personnel or person able to mitigate a serious threat to the health or safety of a person or the public.
- To protect you if you are a threat or a danger to yourself or to others
- As required by law to report cases of actual or suspected child abuse, elder abuse, victimization or neglect
- For public health activities
- For health oversight activities
- For research purposes
- If disclosure is otherwise specifically required by law

I am permitted to contact you, without your prior written authorizations, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN CONSENT:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you give me authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will thereafter no longer use or disclose information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures you have already made with your authorization, and that I am required to retain my records of the care I have provided you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, I reserve the right to charge a fee for the costs of copying, mailing, or other supplies associated with your request. I may deny your request to inspect and copy in a certain, very limited circumstances. If you are denied access to your PHI, you may request the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI:

You have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment or healthcare operations, or to someone who is involved in your care, or payment of your care. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer of this practice. In your request, you must identify what information you want to limit.

THE RIGHT TO CHOOSE HOW I SEND YOUR PHI TO YOU:

It is your right to ask that your PHI be sent to you at an alternative address (i.e.-sending information to your work address as oppose to your home address) or by an alternate method (i.e.-vial email instead of regular mail). You must make your request in writing to the Privacy Officer at this practice. I am obliged to agree to your request providing I can get you the PHI in the format you requested, without undue inconvenience.

THE RIGHT TO GET A LIST OF THE DISCLOSURES I HAVE MADE:

You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented; i.e.-those for treatment, payment, healthcare operations, those sent directly to you or your family; and neither will the list include disclosures made before May 1st, 2016. To request this list, you must make your request in writing to the Privacy Officer at this practice. The first list you request in a 12-month period will be free. For additional lists, I reserve the right to charge you for the cost of providing the list. After May 1st, 2016 disclosure records will be held for 6 years. I will respond to your request for an accounting of disclosures within 60 days of receiving your written request.

THE RIGHT TO AMEND YOUR PHI:

If you believe that there is some error in your PHI of that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason must be made in writing to the Privacy Officer of this practice. You will receive a response within 60 days of receiving your written request. I may deny your request, in writing, if I find that the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all other who need to know about those change(s).

THE RIGHT TO RECEIVE THIS NOTICE BY EMAIL:

You have the right to receive this Notice by email. You have the right to request a paper copy of it as well. To obtain a copy of the current Notice, please request one in writing from the Privacy Officer at this practice.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES:

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a written complaint with the Privacy Officer at this practice. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, DC 20201. If you file a complaint about my privacy practices, you will not be discriminated against or penalized for filing that complaint.

CHANGES TO THIS NOTICE:

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective of PHI I already have about you, as well as any information I receive in the future. I will post a copy of the current Notice, with the effective date in the upper right corner of the first page.

THIS FOUR PAGE NOTICE OF PRIVACY PRACTICES IS YOURS TO KEEP. PLEASE SIGN AND RETURN THE ATTACHED ACKNOWLEDGMENT.