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**HIPAA NOTICE OF PRIVACY POLICIES AND PRACTICES TO PROTECT
YOUR HEALTH INFORMATION**

This notice describes how medical and psychological information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

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

I may *use* or *disclose* your protected health information (PHI) for treatment, payment and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health care record that could identify you.
- “*Treatment, Payment and Health Care Operation*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when a psychologist discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility of coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my 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 those activities within my office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
 - “*Disclosure*” applies to activities outside of this practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing that information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to that extent that (1) I have 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.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances.

- **Adult and Domestic Abuse:** If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Child Abuse:** If I 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 I report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Health Oversight:** If a complaint is filed against me 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 me 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 I 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 me that you are opposing the subpoena or 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.
- **Lawsuit:** If a patient files a complaint or lawsuit against Dr. MacKay, we may disclose relevant information regarding that patient in order to defend her.
- **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, I 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, I must, upon request of your employer, the insurance carrier, an authorized rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant record to those persons.

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, I am 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 seeing me. Upon your request, I 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 my 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, I will discuss with you the details of the request process.
- **Right to Amend:** You have the right to request an amendment of the PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **The Right to Get a List of the Disclosures Made:** You have a right to get a list of the disclosures of your PHI that I have made. The list will not include disclosures you have already consented to (i.e. those for treatment, payment or health care operations) nor disclosures made for national security purposes or to corrections or law enforcement personnel. Disclosures will be held for seven (7) years.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

V. Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide a revised notice in person or via my website.
- In the event of a breach of your PHI, I am required to notify you. Even if such a breach occurred by a Business Associate (for example my billing services) I am ultimately responsible for providing the notification directly or via my Business Associate.

VI. Complaints:

- If you are concerned that I or my Business Associates have violated your privacy rights, or you disagree with a decision regarding access to your records, you may contact the Florida Department of Health, Division of Medical Quality Assurance (850_-245-4339 or <https://www.floridahealth.gov/licensingandregulation/enforcement/>).

Complaints (cont'd)

- You may also send a written complaint to the Secretary of the US Department of Health and Human Services 200 Independence Ave, SW Washington, DC 20201.
- You have specific rights under the Privacy Rule, which are protected. If you exercise your right to file a complaint, it will not affect the services you receive.

I have received a copy of Dr. Adele MacKay's **Notice of Policies and Practices to Protect the Privacy of Your Health Information (PHI)** and have been given the opportunity to ask questions and all of my questions have been satisfactorily answered.

Patient/Client Name:

Patient/Client Signature:

Date: