



Float Doctor & Live Your Best Life Counseling

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HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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

We 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 individual identifiable health information. PHI includes any identifiable health information received or created by my office or me.

“**Treatment, Payment and Healthcare Operations**”: Treatment is when we provide, coordinate or manage your healthcare and other services related to your healthcare. An example of treatment would be when we consult with another healthcare provider, such as your family physician or another medical provider.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. It may also be available to our billing staff.

Healthcare Operations are activities that relate to the performance and operation of the practice. Examples of health care operations are a quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“**Use**” applied only to activities within the office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you or other parties.

“**Health Information**” is information in any form relating to past, present, or future health of an individual.

II. Uses and Disclosures Requiring Authorization

We may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment, and healthcare operations when your written informed consent is obtained. We may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate written authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when we are asked for information for purposes outside of treatment, payment and healthcare operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” or “Treatment Notes” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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) I have relied on that authorization. 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

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse:

If we have reasonable cause to believe that a child with whom we have had contact has been abused we may be required to report the abuse. Additionally, if we have reasonable cause to believe that an adult with whom we have had contact has abused a child, we may be required to report the abuse. In any child abuse investigation, we may be compelled to turn over PHI. Regardless of whether we are required to disclose PHI or to release documents, we also have an ethical obligation to prevent harm to clients and others. We will use our professional judgment and assess legal requirements to determine whether it is appropriate to disclose PHI to prevent harm.

Mentally Ill or Developmentally Disabled Adults:

If we have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, we may be required to report the abuse. Additionally, if we have reasonable cause to believe that any person with whom we come into contact has abused a mentally ill or developmentally disabled adult, we may be required to report the abuse. Regardless of whether we are required to disclose PHI or to release documents, we also have an ethical obligation to prevent harm to my clients and others. We will use our professional judgment to determine appropriate disclosures to prevent harm.

Other Abuse:

We may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Health Oversight:

The WI licensing body may subpoena records from us should we be the subject of a complaint.

Judicial or Administrative Proceedings:

Your PHI may become subject to disclosure if any of the following occur: If you become involved in a lawsuit, and your mental or emotional condition is an element of your claim, or a court orders your PHI to be released, or orders your mental evaluation.

Serious Threat to Health or Safety:

We may disclose confidential information when we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. We must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with standards of the professional in addressing such problems.

Worker's Compensation:

If you file a Worker's Compensation claim, this constitutes authorization for us to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the Worker's Compensation claim.

IV. Client's Rights and Psychologist's Duties Client'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, we are not required to agree.

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 using services here).

Right to Inspect and Copy

You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes, mental health, and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed on your request, we will discuss with you the details of the request and denial 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. We may deny your request. On your request, we 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we 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, even if you agreed to receive the notice electronically.

Therapist's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise the policies and procedures, we will post a summary of the current notice in the office with its effective date clearly shown at the top. You are entitled to a copy of the notice currently in effect.

We are required to inspect your official photo identification (driver's license or other identification) to protect you against identity theft.

We will contact you only via means by which you give us permission (phone numbers, email, texts) and we may occasionally call you to remind you of appointment times at your designated number or email.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with the office. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 2201 Sixth Avenue, Suite 900, Seattle WA, 98121, 1831 (Phone (206)615-2287, FAX (206) 615-2297, TDD (206)615-2296. You will not be penalized for filing a complaint.

VI. Effective Date This updated notice went in effect 03-25-2022

Additional Patient Rights

You have the following rights:

Not to be denied services based on race, age, sex, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status & criminal record.

Right to be given the "least restrictive" form of treatment and environment, pursuit to the treatment being provided to you.

Right to Confidentiality as mentioned above.

Right to request an audit of your financial account and request an account of any disclosures we have made.

Right to give an informed consent for treatment, and to refuse treatment at any time without penalty.

Right to be informed of different types of treatments available and participate in the planning of your treatment.

Right to request the patient record be amended and or file a response to the record that will be included into the record.

Right to refuse to participate in any research that may be offered to you (written consent will be requested.)

Right to refuse to be filmed and audio taped (consent would be requested.)

Right to file a complaint with the Director of Float Doctor or LYBL (See Grievance Procedure) and the Department of Safety & Professional Services of the State of WI.

Right to inspect the patient record we have generated. Inspection of any records must be performed with qualified individual who can explain contents of record.

Right to submit in writing for a Release of your medical/psychological records, for any purposes, and right to rescind any prior releases.

Grievance Procedure

1. Please communicate verbally with your service provider regarding the problem you are experiencing and attempt to resolve it with them.
2. If the situation is not resolved, communicate the problem verbally or in writing to the Clinical Director, who will attempt to resolve the situation, which may include meeting with the appropriate individuals or parties. The Clinical Director will make a final administrative and clinical decision at that time. If you

are dissatisfied with that decision, you may elect to transfer to another agency, whereby LYBL or Float Doctor will assist you in transfer of care and providing your new doctor with any requested information.

3/25/2022 Revised