

Notice of Privacy Practices

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

I am committed to treating you and using Protected Health Information (PHI) about you responsibly. This notice applies to all PHI, as defined by federal regulations that are generated by this office. PHI includes your name address telephone number, social security number, health insurance contract number and other health and payment related information.

REQUIREMENTS:

- By federal law, I am required to maintain the privacy of your PHI and to provide you with the Privacy Notice detailing my legal duties and my legal duties and privacy practices with respect to your PHI.
- By state law, I am required to maintain a higher level of confidentiality with respect to certain portions of your record. In particular, I am required to comply with the Florida Statutes concerning confidentiality.
- I am required to abide by the terms of this Privacy Notice.
- I reserve the right to change the terms of this Privacy Notice and make the new Privacy Notice provisions effective for your PHI that it maintains.

In turn, I will make available any revised Privacy Notice to you prior to Implementation.

I MAY USE YOUR HEALTH INFORMATION FOR:

- Treatment purposes I may use your health information to provide you with counseling services. With your written authorization, I may disclose information about you to other health professionals who contribute to your care.
- Payment purposes
I may use and disclose information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. For example, I may need to give your insurance company information about your treatment so they will pay me for the treatment.

I may also tell your health plan about treatment you are going To receive to determine whether your plan will cover my services.

- Appointment Reminders. These reminders will be made telephoning your home or cell phone and leaving a message either on your voicemail or with the individual answering the phone.
- Follow up purposes. I may use your health information to send you a survey and post-test in the mail. Your answers will help me provide you with better care.

- As required by law, I may use or disclose your health information when I am required to do so by law. For example, I must disclose your health information when there is reason to believe you may be a danger to yourself or others. (See Client Rights and Responsibilities number 5 for exceptions to confidentiality regarding law.)

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION:

- Revoke any authorization and/or consent to release PHI in writing, at any time. To request a revocation, you must submit a written request to this therapist.
- Request restrictions on certain use and/or disclosures of your PHI as provided by law. Requests must be in writing to James Gagnon, Ph.D., LCSW and must specify the information you wish to limit and to whom you wish the limits to apply. I am not obligated to agree to any requested restrictions. If I do agree to the requested restriction, it will be honored with the exception of permitted disclosures.
- Inspect and copy. Although your record is the physical property of James Gagnon, Ph.D., LCSW, you have the right to view your PHI, obtain a summary of the information, or both. I may deny your request to inspect or copy in certain very limited circumstances. If you are denied access to your information, you may request in writing that the denial be reviewed.
- Amend. If you believe that information is incorrect or incomplete, you may ask me to amend (i.e. to add information to clarify the original PHI; I may not change the original information). I may deny your request for an amendment and if this occurs you will be notified of the reason for the denial.
- An accounting of disclosures. You have the right to request a list of disclosures I make of your information for the purposes other than treatment, payment, or healthcare operations.
- Receive confidential communications or PHI by alternative means or at alternative locations. This request must be in writing to the therapist. I will accommodate all reasonable requests.
- Receive a paper copy of this notice.

Complaints

If you believe your privacy rights have been violated you may file a complaint by contacting the state licensing board at Health Care Professions-Licensure, 4045 Bald Cypress Way, Bin C75, Tallahassee, FL 32399 (850-488-0595) and/or the Department of Health and Human Services at 877-696-6775. You will not be penalized for filing.

Grievance Procedure

Any client who has concerns about the service they have received is first encouraged to address his or her concerns with James Gagnon Ph.D., LCSW verbally or in writing. Once a grievance has been filed the following steps will be taken to address your concerns:

- Any grievance received will be addressed within 48 hours of receiving the complaint.