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Notice of Privacy Practices

In order for psychotherapy services to be effective, issues of confidentiality in regards to what is discussed in your meeting with a psychotherapist is extremely important. This notice describes how psychological and medical information about you may be used and disclosed and how you can obtain access to this information. Psychotherapists are bound by the same rules of confidentiality and professional ethics. All non-mental health staff have been provided training about protecting privacy and the implications of the Health Insurance Portability and Accountability Act known as "HIPAA". Please review this notice carefully and feel free to ask any questions if you have concerns or confusion regarding "HIPAA".

Under the Health Insurance Portability and Accountability Act ("HIPAA"), which is a federal law, we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information. This new law will allow clients who are receiving therapeutic services to have a greater degree of privacy and protection as it relates to their medical records.

How I May Use or Disclose Your Health Information

The following describes the purposes for which I am permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time. Under the HIPAA privacy rule, the disclosure of medical records information is limited to the **minimum** necessary to accomplish the purpose of the disclosure.

Treatment: I may use or disclose your psychological records to provide, coordinate or manage health care and treatment. An example of this would be when I consult with another health care provider, such as your psychiatrist, your family physician, or another psychologist or psychiatrist regarding your case.

Insurance: I may communicate information with an insurer regarding your healthcare. Examples are when I disclose information contained in your medical records to your health insurer to assist you in obtaining reimbursement for your health care, medication or to determine eligibility or coverage. Another example would be to submit an authorization form to your EAP (Employee Assistance Program) in order to have them authorize a referral and payment to a psychiatrist or another therapist.

Additional Disclosures with Neither Consent nor Authorization

Although these situations are generally rare in the day-to-day operations of my practice, I may use or disclose information related to your care without your consent or authorization in the following circumstances:

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 members, or law enforcement or other appropriate authorities.

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.

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.

Health Oversight: If a complaint is filed against me with the Florida Department of Health on behalf of the Board of **Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling**, 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 a 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.

Patient's Rights Related to HIPAA and Protected Health Information (PHI):

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to the restriction that you request if I conclude that it would hinder the appropriate care that I can provide you. For example, if you are receiving medication from a family physician or psychiatrist, and you request that I restrict or not contact them, I may conclude that it would interfere with appropriate and effective treatment. If these issues arise you and I will discuss these matters.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of Protected Health Information contained in my records that are used to make decisions about your treatment for as long as the PHI is maintained in the record. I may deny your request to inspect and copy in certain circumstances as defined by law. For example if it is determined that your psychological well-being is fragile or will be negatively affected, a denial or delay in pursuing this request may occur. If you are denied access to your health information, you may request that the denial be reviewed. 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 Protected Health Information for as long as the PHI is maintained in the record. Your written request must include the reason or reasons that support your request. I have the option of denying your request for an amendment if I determine that the record that is the subject of the request was not created by me, is not available for inspection as specified by law, or is accurate and complete. On your request, I 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 that occur regarding your Protected Health information PHI. For example if I consult with the your primary care physician or nurse practitioner in regards to your medication or related health issues I will note that contact in your records. At your request, I 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 this notice from me; in fact the copy that you are currently reviewing is your copy. I also have availability of additional copies to provide upon request.

Therapist Responsibilities Related to HIPAA and Psychological Records:

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 as required by changes in state and federal law regarding PHI. If I revise the policies and procedures, I will provide you with a written update.

Uses and Disclosures Requiring Authorization:

I may use or disclose information from your clinical record for purposes outside of treatment, insurance, 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, insurance and health care operations, I will obtain an authorization from you before releasing this information. For example if you request that I discuss an academic issue that has been created or exacerbated by psychological issues with your faculty or academic advisor I will have you fill out an authorization or consent prior to releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes I have made about our conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given an even greater degree of protection than Protected Health Information.

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

PROFESSIONAL RECORDS:

You should be aware that therapists, pursuant to HIPAA, keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional

consultations, your attendance records, and any reports that have been sent to anyone. Except in unusual circumstances that disclosure would physically endanger you and/or others, or makes reference to another person (other than a health care provider) and we believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record as long as they are maintained, if you request it in writing.

In addition, therapists also maintain a set of Psychotherapy Notes. These Notes are for the use of the therapist (and supervisor) and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, an analysis of those conversations, and how they impact on your therapy. They also may contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available for review and cannot be sent to anyone else or reviewed by anyone other than your therapist, (or supervisor) without your written authorization. Generally I discourage release of psychotherapy notes since a clinical summary can protect sensitive information that has been discussed that may not be relevant to the request for information.

Complaints: If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you must submit your complaint in writing to the Department of Health, Division of Medical Quality Assurance 1-888 419-3456 or (850) 245-4339.