

LTI ASSOCIATES, INC.
Linda T. Inatsuka, Ph.D., Licensed Psychologist

FLORIDA NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL 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

Your protected health information (PHI) may be used and disclosed for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions.

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - Treatment is the provision, coordination, and management of your health care and other services related to your health care. An example of treatment would also include consultation with another health care provider, such as your family physician or another psychologist.
 - Payment is the reimbursement for your health care. Examples of payment are when your PHI is disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operations of this 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 activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties.
- “Clinician” refers to the psychologist named above.

II. Uses and Disclosures Requiring Authorization

Your PHI may be used or disclosed for purposes outside of treatment, payment, and health care operations when appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is requested for purposes outside of treatment, payment, and health care operations, an authorization from you will be obtained before releasing this information.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided such revocation is in writing. You may not revoke an authorization to the extent that (1) we 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 consent the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorizations under the following circumstances:

- **Child Abuse:** If the clinician knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal guardian, caregiver, or other person responsible for the child’s welfare, the law requires that the clinician report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If the clinician knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, the clinician is required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against the clinician 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 the clinician relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made from information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and this information will not be released without the written authorization from you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform the clinician 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.

- **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, relevant information concerning this may be communicated to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Workers' Compensation:** If you file a workers' compensation claim, the clinician must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or attorney for the employer or insurance carrier, furnish your relevant records to these 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, the clinician is not required to agree to a restriction you request.
- *Right Receive Confidential Communication 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 this clinician. Upon your request, your bills will be sent to another address.)
- *Right to Inspect and Copy*-You have the right to inspect or obtain a copy (or both) of PHI in this clinician's 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, the details of this process will be discussed with you.
- *Right to Amend*-You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, your request may be denied. On your request, the details of the amendment process will be discussed with you.
- *Right to an Accounting*-You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, the details of the accounting process will be discussed with you.
- *Right to a Paper Copy*-You have the right to obtain a paper copy of the notice from this clinician, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- The clinician is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI.
- The clinician reserves the right to change the privacy policies and practices described in this notice. Unless the clinician notifies you of such changes, however, he/she is required to abide by the terms currently in effect.
- If the policies and procedures are revised, you will be notified of such revisions in the beginning of the psychotherapy/evaluation session, prior to the implementation of the revisions (as long as you are meeting with the clinician during this time). Any questions that you may have will be answered at this time, and a copy of the revised Notice will be provided to you.

V. Questions and Complaints

If you have any questions about this notice, disagree with a decision about access to your records, or have other concerns about your privacy rights, you may contact Dr. Linda T. Inatsuka, Privacy Officer at (813) 985-6121. If you believe that your privacy rights have been violated and wish to file a complaint with this office, you may send your written complaint to: Dr. Linda T. Inatsuka, 8066 North 56th Street, Tampa, FL 33617.

You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services. The clinician listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes in Privacy Policy

This notice will go into effect on July 1, 2004 (revised).

The use of disclosure of PHI will be limited as follows: Only the minimally necessary PHI that is required to fulfill the purpose of the disclosure will be disclosed. All applicable state and federal laws regarding this disclosure will be followed.

The clinician reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. You will be provided with a revised notice in the beginning of the psychotherapy/evaluation session when the new policy and procedures will take effect. Every effort to provide this notice to you prior to the changes will be made, however, if you do not have a session scheduled within the timeframe, you will be provided with this notice during the first session following the implementation of this notice.