



## **Notice of Policies and Practices to Protect the Privacy of Patients' 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**

Dr. Quintal & Associates, may *use or disclose* your *Protected Health Information (PHI)* for the purposes of *treatment, payment, and health care operations* with your *consent*. The following definitions clarify these terms:

“**PHI**” refers to information in your patient record that could identify you.

“**Treatment, Payment and Health Care Operations**”:

**Treatment** is when Dr. Quintal & Associates provides, coordinates or manages your health care and other services related to your health care.

**Payment** is when Dr. Quintal & Associates obtains 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 operation of this business. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and care coordination.

“**Use**” applies only to activities such as sharing, applying, utilizing, examining, and analyzing information that identifies you.

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

### **II. Uses and Disclosures Requiring Authorization**

Dr. Quintal & Associates 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 information is sought for purposes outside of treatment, payment and health care operations, an authorization will be obtained from you before releasing this information. An authorization is also necessary before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes made about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your patient record. These notes are given a greater degree of protection than PHI.

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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) Dr. Quintal & Associates has 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**

Dr. Quintal & Associates may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If Dr. Quintal & Associates knows, or has 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 Dr. Quintal & Associates report such knowledge or suspicion to the Florida Department of Children and Families.

**Adult and Domestic Abuse:** If Dr. Quintal & Associates knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, Dr. Quintal & Associates is required by law to immediately report such knowledge or suspicion to the Florida Abuse Hotline.

**Health Oversight:** If a complaint is filed against Dr. Quintal & Associates with the Florida Department of Health or other regulating board, the Department has the authority to subpoena confidential mental health information from Dr. Quintal & Associates 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 Dr. Quintal & Associates 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 Dr. Quintal & Associates 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, Dr. Quintal & Associates may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.

**Worker's Compensation:** If you file a worker's compensation claim, Dr. Quintal & Associates must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.



#### **IV. Patient's Rights and Dr. Quintal & Associates Responsibilities**

##### **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, Dr. Quintal & Associates is 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 you are receiving services. Upon your request, 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 Dr. Quintal & Associates mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. At your request, Dr. Quintal & Associates will discuss with you the details of the request 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. Your request may be denied. At your request, Dr. Quintal & Associates 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 regarding you. At your request, Dr. Quintal & Associates 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 from Dr. Quintal & Associates upon request, even if you have agreed to receive the notice electronically.

##### **Dr. Quintal & Associates Responsibilities:**

Dr. Quintal & Associates is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

Dr. Quintal & Associates reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Quintal & Associates notifies you of such changes, however, it is required to abide by the terms currently in effect.

If Dr. Quintal & Associates revises its policies and procedures; it will provide you with a revised notice by mail as well as making that information available in all its offices.

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## **V. Complaints**

If you are concerned that your privacy rights have been violated or if you disagree with a decision that has made about access to your records, please feel free to discuss your concerns with your therapist.

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

## **VI. Effective Date and Changes to Privacy Policy**

This notice will go into effect on April 14, 2003.

Dr. Quintal & Associates reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. Dr. Quintal & Associates will provide you with a revised notice by mail as well as making that information available.



**VII. Acknowledgment of Receipt of HIPAA Privacy Notice**

**Dr. Quintal & Associates has explained A) the ways that my identifying information is protected, B) the times when information about me may be released without my specific permission, and C) my rights related to my medical information.**

**I hereby agree to protect the confidentiality and privacy of other patients at all times. I will not discuss any information concerning other patients with individuals, organizations, agencies or any person not directly employed by Dr. Quintal & Associates.**

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This acknowledgment will be retained in your clinical record.**