



## **HIPAA Notice of Privacy Practices**

### **Summary of Notice**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

#### **Please review carefully**

Federal Law, specifically the Health and Information Portability and Accountability Act (HIPAA), requires that I describe for you my medical privacy practices and your rights as a client under the law.

This notice brochure is a summary of the complete notice that has been made available to you in the waiting room.

If you have any concerns about your medical privacy, please call me at:  
305-891-1827

### **How I may use your Personal Health Information.**

I create and receive Medical information about you as a part of your care. This information is called protected health information, or PHI. It is personal and private. I may use this information in many ways. I release only the information necessary to accomplish a task.

First, I use the information when I treat you or refer you for treatment. I may communicate with other professionals and referral agencies.

Second, I may use the information to submit bills for your medical care to insurers, Medicare, or third party payers.

Finally, I may use this information for my health care operations. This means the work I must do to provide quality services to you and all of my clients.

I will seek your authorization when state or federal law requires it.



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## **I may use PHI without your permission for the following reasons,**

- As required by state or federal law.
- For public health purposes, such as reporting child or elder abuse, or if you are a danger to yourself or to others.
- To treat you in an emergency.
- To inform you of alternative treatments.
- When ordered by a regulatory agency, such as Health and Human Services.
- For law enforcement purposes or in response to a court order.
- For agencies involved in a disaster situation.
- To communicate with coroners, medical examiners, and funeral homes when necessary.
- To communicate with federal officials involved in security activities authorized by law.
- To communicate with correctional officials if you are an inmate.
- To carry out treatment and billing operations through a billing or transcription service.
- Your authorization is required for other disclosures.



## The following PHI receives special protections under federal and/or state law.

- Psychotherapy Notes are kept separate from the medical record and receive special protection.
- Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop time, the modalities of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.
- Alcohol and drugs abuse information have special privacy protections. I will not disclose any information identifying an individual as being a client or provide any mental health information unless:
  - 1) The client consents;
  - 2) A court order requires disclosure of the information;
  - 3) Medical personnel need the information to meet a medical emergency;
  - 4) Qualified personnel use the information for the purpose of conducting research management audits, or program evaluation; or
  - 5) It is necessary to report a threat to commit a crime or to report abuse or neglect as required by law.

## Your rights to access and control your PHI

You have the following rights regarding your protected health information (PHI), provided that you make a written request.

- Right to request restriction. You may request limitation I may disclose, but I am not required to agree to your request.
- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your Mental Health information regarding decisions about your care: however, psychotherapy notes may not be inspected and copied, although I may provide a summary. I may charge a fee for copying, mailing, and supplies.
- Right to request clarification of the record. If you believe that the PHI I have about you is inaccurate, you may ask to add clarifying information. I am not required to accept the information that you propose.
- Right to accounting of disclosures. You may request a list of the disclosures of your Mental Health information that have been made to entities other than for routine treatment, payment, or healthcare



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operations.

## **Complaints**

If you believe your privacy has been violated, you may file a complaint with me or with the Department of Health and Human Services at **1-877-696-6775**.

You will not be penalized or retaliated against in any way for making a complaint.

I am required to provide you with this Notice that governs my privacy practices. I will provide any forms necessary to enforce your rights.

**Florida Statute.** Florida statutorily grants clients the right of access to medical records maintained by health care practitioners. The disclosure of client information by providers is generally prohibited without the client's consent, subject to specified exceptions.

Florida also has numerous laws protecting the confidentiality of health information held by a variety of entities and government agencies.

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