

**KAREN BERNER ARCURI, LLC, LMHC  
CYPRESS CREEK COUNSELING**

**NOTICE OF PRIVACY PRACTICES**

Our **Notice of Health Information Practices** provides information about how we may use and disclose your protected health information (PHI). It also discusses your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the Notice of Privacy Practices by posting in our office and providing one to you at your request.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**FOR TREATMENT:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating or managing your health care treatment and related services. The PHI you give us goes in a confidential and private written or electronic record. In some situations we may do it without your permission such as risk of harm to self or others. Disclosure to any other party or consultant requires your authorization. The permanent record is kept for at least 7 years after you stop treatment.

**FOR PAYMENT:** We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are making a determination of eligibility or coverage for insurance benefit, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. Should collection processes become necessary due to lack of payment for services we will only disclose the minimum amount of PHI necessary for collection purposes.

**FOR HEALTH CARE PURPOSES:** We may use or disclose, as needed, your PHI in order to support our business activities including but not limited to, quality assessment activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, and conducting or arranging for other business activities such as billing provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**CONFIDENTIALITY OF EMAIL COMMUNICATION:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your therapist if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices. Please do not use e-mail or Faxes for emergencies.

**REQUIRED BY LAW:** Under the law we must make disclosure of your PHI to you upon your request. In addition we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirement of the Privacy Rule.

**USES AND DISCLOSURES PERMITTED BY HIPPA WITHOUT AN AUTHORIZATION:**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are:

- | Abuse and Neglect<br>Emergencies   | Judicial and Administrative Proceedings<br>Public Safety (Duty to Warn) | Law Enforcement<br>National Security |
|--|---|--------------------------------------|
| <ul style="list-style-type: none"><li>■ Required by law, such as the mandatory reporting of child abuse or neglect, exploitation of the elderly or disabled, or mandatory government agency audits or investigations (such as the Florida Licensing Board for Mental Health Counselors or health department)</li><li>■ Court Order</li><li>■ Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.</li></ul> |   |                                      |

**VERBAL PERMISSIONS:** We may use or disclose your information to family member that are directly involved in your treatment with your verbal permission.

**WITH AUTHORIZATION:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization which may be revoked.

**YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights please submit your request in writing to your therapist.

- You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We charge \$1.00 per page for all requested copies.
- If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment
- You have the right to request an accounting of the disclosures that we make of our PHI. We charge 50% of your service fee if a request is made more than one time in a 12 month period.
- You have the right to request a restriction or limitation on the use or disclosure of you PHI for treatment, payment or health care operations. If your services were paid for out of pocket we will honor your request to restrict information to a health care plan.
- You have the right to request we communicate with you about medical matters in a certain way or at a certain location.
- If there is a breach of PHI concerning you we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- You have a right to a copy of this notice

**COMPLAINTS:** If you believe we have violated your privacy rights, you have the right to file a complaint in writing with your therapist or with the Secretary of Health and Human Services at 200 Independence Avenue, N.W., Washington, D.C. 20201, or by calling (202) 619-0257.

**We will not retaliate against you for filing a complaint.**

Effective Date 01/01/2012

PLEASE RETAIN FOR YOUR RECORDS