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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

If you consent, the provider that you will be seeing is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing services to you. Such information may include documenting clinical information and billing documents. Appropriate authorization will be obtained from you to release your PHI.

As this provider does not accept insurance or third-party payments, many of the policies associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) do not apply. The information listed on this form refers to the policies that are applicable.

USES AND DISCLOSURES:

Communication with your family: Using our better judgment, we may disclose to a family member, other relative, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Disaster Relief: We may use and disclose your protected health information to assist in disaster relief efforts.

Appointments and Scheduling: Unless you object, we may contact you to provide you with appointment reminders or to notify you of scheduling changes at the phone number(s) that you provide.

Treatment Purposes: If the provider determines that she will need to consult with another specialist such as your primary care physician, a psychiatrist, schoolteacher, or other professional, with your permission in writing, the provider will share information with such specialists and obtain their input.

Mailing/Billing Procedures: The provider, unless you object, may send billing notification to your home address, if payment is not paid when services are rendered. Thus, if a balance is due, the provider may send requests for the remainder of the payments through the mail service.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION:

Law enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent that an individual is in the custody of law enforcement.

Abuse and Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect of children or vulnerable adults (disabled or elderly).

Duty to Warn: To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable laws to prevent or lessen a serious imminent threat to the health or safety of a person or the public.



Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Health Oversight: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities. If a complaint against a provider is filed, the Florida Board of Health has the authority to subpoena confidential health information.

Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Specialized Government Functions: We may disclose your protected health information for specialized government functions as authorized by law, such as to the Armed Forces personnel, for national security purposes, or to public assistant program personnel.

Other uses: Other uses and disclosures in addition to those identified in this notice will be made only as otherwise authorized by law or with your written authorization and you may revoke that authorization.

YOUR HEALTH INFORMATION RIGHTS AND RESPONSIBILITIES:

While your records are the physical property of this office/provider, the information in it belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your PHI by delivering the request in writing to our office.
- Obtain a paper copy of the policy by making a request at our office.
- Request that you be allowed to inspect and receive a copy of your health record. You may exercise this right by delivering the request in writing to our office.
- Request that your health record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is denied and require that the request for amendment be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your PHI as required to be maintained by law by delivering a written request to our office.
- Request that communication of your PHI be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Revoke any authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.
- To file a complaint if you believe your privacy rights have been violated, have questions, would like additional information, or want to report a problem about the handling of your information, you may file a written complaint at the office by delivering it to the office address. You may also file a complaint by mailing or e-mailing it to the U.S. Secretary of Health and Human Services. The provider cannot, and will not, retaliate against you for filing a complaint. We cannot and will not require you to waive the right to file a complaint as a condition of receiving treatment from our office.



CONSENT:

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The terms of our Notice may change; if we change our Notice, you may receive a revised copy by contacting our office/provider. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operation. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A practice may condition treatment upon the execution of this consent. The practice agrees to abide by the privacy laws described above, abide by the terms of this notice, notify you if we cannot accommodate a requested restriction, and accommodate reasonable requests regarding methods to communicate health information to you.

Client _____

Date _____

Client _____

Date _____

Therapist _____

Date _____