

# Privacy Policies - HIPAA Final Rule Notification

## NOTICE OF PRIVACY POLICIES (HIPAA Final Rule Notification) - Effective September 23, 2013

*This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed below.*

I hereby give my consent to Gulfshore Behavioral Health to use and disclose Protected Health Information (PHI) about me and/or the minor client to carry out psychological services, payment, and health care operations.

Gulfshore Behavioral Health is committed to protecting health information about you and/or the minor client. We create a record of the care and services you (and/or the minor client) receive and this is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Gulfshore Behavioral Health.

Gulfshore Behavioral Health is required (by law) to:

- Make sure that PHI that identifies you and/or the minor client is kept private.
- Provide you and/or the responsible parent(s)/guardian(s) access to this notice of the legal duties and privacy practices with respect to PHI.
- Notify you if there are changes to the terms of this Notice, and such changes will apply to all information we have about you. Any new Notice will be available upon request when appropriate.
- Notify you if there is a breach of insecure (unencrypted) PHI and a risk assessment determines there is high probability that your PHI was or will be compromised.

## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

**Treatment:** We use medical information about you to provide care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide (e.g., laboratories, physicians, inpatient/residential facilities). Additionally, if your provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist your provider in diagnosis and treatment of your mental health condition. We may also disclose medical information to members of your family or others who can help you when you are ill, injured, or no longer alive.

**Payment:** Federal privacy rules/regulations allow health care providers who have direct treatment relationships with patients to use or disclose personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our Electronic Health Record (EHR). We may give your health plan information it requires in order to pay us.

**Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments via e-mail, phone call, and/or text. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may also call out your name when we are ready to see you when waiting in the lobby.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may also disclose your health information as necessary to comply with workers compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers compensation insurer.

**Public Health:** We may, and are sometimes required by law, to disclose your health information to public health authorities, coroners, law enforcement, public safety personnel, etc. for purposes related to: preventing or controlling disease and/or reporting disease or infection exposure, injury or disability, reporting abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medication. When reporting suspected abuse, neglect, or domestic violence, we may or may not inform you prior. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Gulfshore Behavioral Health keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501 and any use or disclosure of such notes requires your authorization unless the use or disclosure is: a. For our use in treating you. b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For our use in defending ourselves in legal proceedings d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
  2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
  3. **Sale of PHI.** We will not sell your PHI in the regular course of my business.
- IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.** Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:
1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
  2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
  3. For health oversight activities, including audits and investigations.
  4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
  5. For law enforcement purposes, including reporting crimes occurring on my premises.
  6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
  7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
  8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
  9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
  10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**
1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**
1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
  2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
  3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Gulfshore Behavioral Health will agree to all reasonable requests.
  4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and Gulfshore Behavioral Health may charge a reasonable, cost-based fee for doing so.
  5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or

for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

## **SMS Terms & Conditions**

### **1. SMS Consent Communication:**

The information (i.e., phone numbers) obtained as part of the SMS consent process will not be shared with third parties for marketing purposes.

### **2. Types of SMS Communications:**

If you have consented to receive text messages from Gulfshore Behavioral Health, you may receive messages related to the following:

- Appointment reminders
- Follow-up/response messages
- Billing inquiries
- Promotions or offers

**Example:** *"You have a virtual/telehealth appointment at 2:00 with Dr. Strom today. It is now 2:05pm. Please login as soon as possible. Reply STOP to opt out of SMS messaging at any time."*

### **3. Message Frequency:**

Message frequency may vary depending on the type of communication. For example, you may receive up to 2 SMS messages per week related to your account billing.

### **4. Potential Fees for SMS Messaging:**

Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

### **5. Opt-In Method:**

You may opt-in to receive SMS messages from Gulfshore Behavioral Health in the following ways:

- Verbally, during a conversation
- By submitting an online form
- By filling out a paper form

### **6. Opt-Out Method:**

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list.

### **7. Help:**

If you are experiencing any issues, you can reply with the keyword HELP. Or, you can get help directly from us at [www.gulfshorebh.com](http://www.gulfshorebh.com)

### **Additional Options:**

- If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

### **8. Standard Messaging Disclosures:**

- Message and data rates may apply.
- You can opt-out at any time by texting "STOP."
- For assistance, text "HELP" or visit our [Privacy Policy] and [Terms and Conditions] pages.

- Message frequency may vary

**Note:** SMS opt-in and phone numbers collected for SMS consent will not be shared with any third party and affiliate company.

Complaints: Complaints about this Notice or how this medical practice handles your health information should be directed to our Privacy Officer: Dr. Samantha DenBoer (239-533-9860; [info@gulfshorebh.com](mailto:info@gulfshorebh.com)). If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: The Department of Health and Human Services (202) 619-0257; [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov). The complaint form may be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized for filing a complaint.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I acknowledge that I have access to this Consent for Use and Disclosure of Protected Health Information (HIPAA Acknowledgement) form in my patient portal.

BY CLICKING ON THE CHECKBOX BELOW, I AM PROVIDING MY ELECTRONIC SIGNATURE AND CONFIRMING THAT I HAVE READ THIS FORM IN ITS ENTIRETY AND I UNDERSTAND AND AGREE WITH THE INFORMATION INCLUDED IN IT