



**UCF Psychology Clinic**  
**(407) 823-4348**  
**4111 Pictor Ln.**  
**Orlando, FL 32816**

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. IT CONTAINS SUMMARY INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), A FEDERAL LAW THAT PROVIDES PRIVACY PROTECTIONS AND PATIENT RIGHTS WITH REGARD TO THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI) USED FOR THE PURPOSE OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS. PLEASE REVIEW IT CAREFULLY.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

The UCF psychology Clinic (hereafter referred to as ‘the Clinic’) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you such as your name, date of birth, phone number, or address.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when we provide, coordinate or manage your therapy or assessment and other related services. In addition to direct services, this might include such things as consultation with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare, either directly from you or from a third party.
  - *Health Care Operations* are activities that relate to the performance and operation of the Clinic. 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 within the Clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

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

The Clinic may use or disclose PHI for purposes outside of treatment, payment, and health care operations as provided below or 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 the Clinic is asked for information for purposes outside of treatment, payment and health care operations, an authorization from you will be obtained before releasing this information.

You may cancel all such authorizations at any time, provided each cancellation is in writing. Cancellation of an authorization does not apply to the information that has already been released.

## **III. Uses and Disclosures with Neither Consent nor Authorization**

PHI may be disclosed without your consent or authorization in the following circumstances:

- *Child Abuse*: If there is cause to believe that a child has been, or may be, abused, neglected, sexually abused, or exploited we are legally mandated to make a report of such to the Abuse Hotline operated by the Florida department of Children and Families.
- *Abuse of a Vulnerable Adult*: If there is cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we are legally mandated to make a report of such to the Abuse Hotline operated by the Florida department of Children and Families.
- *Health Oversight*: If a complaint is filed against the Clinic or any of its clinicians or supervisors with the State Department of Health or Board of Psychology, the Board has the authority to subpoena confidential mental health information relevant to that complaint and the Clinic is required to respond to the subpoena.
- *Judicial or Administrative Proceedings*: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged (protected) under state law, and will not be released without written authorization from you or your personal or legally appointed representative, or a court order. The privilege (protection) 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*: If it is determined that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of

immediate mental or emotional injury to you, relevant confidential mental health information may be released to medical or law enforcement personnel.

- *Worker's Compensation:* If you file a worker's compensation claim, records relating to your diagnosis and treatment may be disclosed to your employer, employer's insurance carrier, and/or their attorneys.

#### **IV. Patient's Rights and Provider's Duties**

##### **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, the Clinic 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 that you are being seen at the Clinic. Upon your request, any communications may be to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There may be a small charge for copying a record. Your access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, our staff will discuss with you the details of the request and review 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, but this is also subject to review. On your request, our staff 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, our staff 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 this notice.

Provider's Duties:

- The Clinic is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event your PHI is breached.
- The Clinic reserves the right to change the privacy policies and practices described in this notice. However, unless you are provided with the updated notice, we are required to abide by the notice currently in effect.

**V. Complaints**

If you are concerned that anyone at the Clinic has violated your privacy rights, or you disagree with a decision regarding access to your records, you may contact the Clinic Director or the Florida Department of Health Division of Medical Quality Assurance (850-245-4339 or [http://www.floridahealth.gov/licensing-and-regulation/enforcement/\\_documents/frm-psyucf.pdf](http://www.floridahealth.gov/licensing-and-regulation/enforcement/_documents/frm-psyucf.pdf).)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person or agency listed above can provide you with the appropriate address upon request. You will not be retaliated against for filing a complaint.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on May 2, 2016.

The UCF Psychology Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. You will be provided with a revised notice in person or by mail (or email if appropriate) prior to the revisions taking effect.

I have received a copy of the UCF Psychology Clinic **Notice of Policies and Practices to Protect the Privacy of Your Health Information** and have been given the opportunity to ask questions and all of my questions have been satisfactorily answered.

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**Signature**

**Date**