

NOTICE OF PRIVACY PRACTICES FOR MENTAL HEALTH SERVICES

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, the Mental Health Professionals will disclose no information about you, or the fact that you are receiving services through the Delores Barr Weaver Policy Center, without your written consent. Our formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, the Delores Barr Weaver Policy Center does not routinely disclose information in such circumstances, so we will require your permission in advance, through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting your Mental Health Professional at the Delores Barr Weaver Policy Center.

_____ (Please Initial) I understand that the above states that information about me will not be shared unless I give permission.

II. "Limits of Confidentiality"

There are some important exceptions to the rule of confidentiality. If you wish to receive mental health services from the Delores Barr Weaver Policy Center, you must sign the attached form indicating that you understand and accept our policies about confidentiality and its limits. Your Mental Health Professional will discuss these issues now, but you may reopen the conversation at any time during your work together.

Your Mental Health Professional may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or legally required:

- Threat to self: If you tell your Mental Health Professional or another staff member you wish to harm yourself and/or we believe you have the intent and ability to do so, your Mental Health Professional will contact local authorities or those close to you in order to ensure your safety.
- Threat to others: If you tell your Mental Health Professional or another staff member you want to harm someone else and/or we believe you may do so your Mental Health Professional has a duty to warn that person. In order to warn that person the Mental Health Professional may contact those close to you, your family members, that person, and/or the local authorities.
- Emergency: If you are involved in a life-threatening emergency and staff at the Delores Barr Weaver Policy Center cannot ask your permission, we will share information if we believe you would have wanted us to do so, or if we believe it will be helpful to you.
- Child Abuse Reporting: If the Mental Health Professionals at the Delores Barr Weaver Policy Center have reason to suspect that a child is being abused or neglected, we are required by Florida law to report the matter immediately to the Florida Department of Children and Families (1-800-96-ABUSE,) including Sexual Abuse and Statutory Rape.
- Adult Abuse Reporting: If the Mental Health Professionals at the Delores Barr Weaver Policy Center have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by Florida law to immediately make a report and provide relevant information to the FL Department of Children and Families (1-800-96-ABUSE).
- Court Proceedings: If you are involved in a court proceeding and a request is made for information about your treatment and the records thereof, such information is privileged under state law, and he Mental Health Professionals at the Delores Barr Weaver Policy Center will not release information unless you provide written authorization or a judge issues a court order. If your Mental Health Professional receives a subpoena for records or testimony, she will notify you so you both can discuss your options. However, be aware that if the subpoena cannot be blocked, then your Mental Health Professional may have to disclose your information to the courts.

Other uses and disclosures of information not covered by this notice or by the laws that apply to your Mental Health Professional will be made only with your written permission.

_____ (Please Initial) I understand that the above states that there are specific limits to confidentiality. If one of the above limits are met then information will be disclosed with or without my consent.

III. Individual's Rights and Provider's Duties:

Client Name:

Client ID:

Right to Request Restrictions-You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information your Mental Health Professional discloses about you to someone who is involved in your care. If you ask your Mental Health Professional to disclose information to another party, you may request that they limit the information they disclose. However, your Mental Health Professional is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell your Mental Health Professional:

1) what information you want to limit; 2) whether you want to limit their use, disclosure or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations — you have the right to request and receive confidential communications of Protected Health Information by alternative means and at alternative locations. (For example, you may request that your Mental Health Care Professional contact you only on your cell phone, or that she does not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

Right to an Accounting of Disclosures – 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 written request, your Mental Health Professional will discuss with you the details of the accounting process

Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical records. To do this, you must submit your request in writing. If you request a copy of the information, we may charge a fee for costs of copying and mailing. Your Mental Health Professional may deny your request to inspect and copy in some circumstances. Your Mental Health Professional may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding.

Right to Amend – If you feel that protected health information the Delores Barr Weaver Policy Center has about you is incorrect or incomplete, you may ask your Mental Health Professional to amend the information. To request an amendment, your request must be made in writing, and submitted to your Mental Health Professional. In addition, you must provide a reason that supports your request. Your Mental Health Professional may deny your request if you ask them to amend information that: 1) was not created by them; she will add your request to the information record; 2) is not part of the medical information kept by them; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to a copy of this notice – You have the right to a paper copy of this notice. Please retain this copy for your records. If you would like an additional copy just ask.

The Delores Barr Weaver Policy Center reserves the right to change their policies and/or to change this notice, and to make the changed notice effective for medical information they already have about you as well as any information they receive in the future. The notice will contain the effective date. A new copy will be given to you. The Delores Barr Weaver Policy Center will have copies of the current notice available on request.

_____ (Please Initial) You have the right to know when information is shared about you. Your provider will tell you when information about you is given to someone else. However, you can always ask.

*Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, please contact The Delores Barr Weaver Policy Center. Individuals that file a complaint will not be retaliated against.

For additional information regarding privacy practices, please contact Stephanie Burke, VP of Model Programming and Partnerships at 904-598-0901.

EFFECTIVE DATE: 2/7/14