



Body Psychology

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HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective April 14, 2003 and remains valid until changed and you are notified of the changes and agree to them.

This notice describes how this practice may use and disclose the psychological information that is gathered as a result of our evaluation and treatment of you and/or your child. We recognize this information is personal and we will comply with State and Federal regulations regarding this protected health information.

USES AND DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS:

▪ Body Psychology may use or disclose psychological information that is collected and referred to as *Protected Health Information* (PHI), for treatment, payment and health care operation purposes. To help clarify these terms, here are some definitions:

- **PHI** refers to psychological information that we create and obtain during the course of providing our services to you. Such information may include documenting your symptoms, your personal history, test results, diagnosis, and/or treatments, used to apply for future care or treatment.
- “Payment” means obtaining reimbursement for your mental health care. This includes all billing matters, such as the need to disclose your PHI to your health insurer to obtain payment for your mental health care or to determine eligibility or coverage.
- “Health care operations” are activities that relate to the performance and operation of Body Psychology. This includes such things as accessing quality of care necessary to improve services, business-related matters such as adult and administrative services, and case management and care coordination.
- “Use” applies to activities within Body Psychology such as maintenance of records. Disclosure applies to activities outside this clinical practice such as releasing, transferring or providing access to information about you to other parties. For example, sometimes it is necessary to consult with another specialist and share information with that specialist in order to obtain that specialist’s consultative input.

YOUR HEALTH INFORMATION RIGHTS:

All mental health records, as well as billing records are securely maintained on the physical property of this office. This information will only be disclosed with an appropriate authorization. An authorization is a written permission provided by the patient, parent or guardian that gives permission to share PHI about you or your child with a specified person or agency. You have the right to:

- Request a restriction on uses or disclosures of your protected health information by delivering such a request in writing to our office. However, we are not required to agree with your request for a restriction.
- Obtain a paper copy of this notice of Privacy Practice For Protected Health Information by making a request at our office. You have the right to inspect or obtain a copy (or both) of your mental health PHI and billing records for as long as a PHI record is maintained. You may exercise this right by delivering your request in writing to our office using the form we provide to you upon request. If you want a copy of your records we will charge you \$3.00 per page.
- Request that your mental health care record be amended to correct incomplete or incorrect information. You may do this by delivering a written request to our office using the form we provide to you upon request. Body Psychology may deny your request. You have a right to file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached to all future disclosures of your PHI.
- Receive an accounting of all disclosures of your PHI. This will include disclosures made at your request.
- Request and receive confidential communications of your PHI by any alternative means and at any alternative locations.
- Revoke any authorizations that you have made previously regarding use or disclosure of PHI, except to the extent that the information has already been released based upon prior authorization, or that action has already been taken. You may rescind an authorization by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Kathy Macchione Leggett, at (863) 207-4402.

NON-RESTRICTED PHI USES AND DISCLOSURES: There exists a number of contingencies wherein this practice may disclose certain limited PHI without prior consent. Examples of these are as follows:

BUSINESS PRACTICES

- This practice has Business Associates with whom we may share limited PHI. For example, information about payments may be shared with our accountant. Also, we may need to hire computer technicians and software vendors. In performing their duties, they may have access to your name and perhaps limited PHI data.

FAMILY

- When there is a need to communicate with family members, using our best judgment, this practice may disclose to a family member, other relatives, close personal friends, or any other person you identify, PHI relevant to that person's involvement in your care, or for payment for such care, provided you do not object, or in case of an emergency.

DISASTER RELIEF

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

NOTIFICATION OF APPOINTMENTS

- We may contact you to provide you with appointment reminders.

WORKERS' COMPENSATION

- If you are seeking or receiving compensation through Workers' Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Worker's Compensation.

ABUSE AND NEGLECT

- As required by law, we may disclose your PHI to public health authorities to report abuse or neglect.

EMERGENCIES

- Where there is a serious threat to your health and safety or your child's, we may release PHI necessary to prevent serious harm, injury or irreparable damage.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

- If treatment or evaluation is being provided for legal purposes pursuant to a court order, you give up your right to confidentiality and all PHI will be subject to disclosure without your consent.

OTHER USE AND DISCLOSURES

- Other uses and disclosures, in addition to those identified in this Notice, will be made only as authorized by law **or with your written authorization**, you may revoke that authorization at anytime.

COMPLAINTS

In addition, if you believe your privacy rights have been violated, you may file a written complaint at your office by delivering the written complaint to the following person: Kathy Macchione Leggett (863) 207-4402.

You may also file a complaint by writing or mailing it to the Secretary of Health and Human Services.

THERAPIST'S DUTIES

The therapists of Body Psychology are required to:

- Maintain the privacy of your mental health information as required by law.
- Provide you with a notice of the practice's legal duties and privacy practices with respect to PHI.
- Abide by the terms of the Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Kathy Macchione Leggett or Body Psychology, reserves the right to change the privacy policies and practices described in this notice. Unless notified, however, this practice is required to abide by the terms currently in effect.

By signing below, I acknowledge that I have read this Notice of Privacy and I am aware I may request and be given a copy.

Under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) we are required to attempt to obtain your written acknowledgement of receipt of the Notice of Privacy Practices:

By signing this form, I acknowledge receipt of the Notice of Privacy Practices.

Signature: _____ Date: _____