

Nakita Carroll Counseling, LLC

Nakita Carroll, MA, LMFT (MT3288)

HIPPA Notice of Privacy Practices

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

Effective Date: February 24, 2022

We only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes our policies related to the use and disclosure of your healthcare information. We are committed to maintaining the privacy of your health information and have implemented procedures to ensure that we do so.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. For purposes of this Notice “us,” “we,” and “our” refer to any practitioner or employee of Nakita Carroll Counseling, LLC (“the practice”).

- **Treatment** is when your therapist offers or manages mental health care or related services, consults with other providers, or makes a referral. An example of disclosure for treatment would be when your therapist consults with another health care provider, such as your family physician or another mental health professional.
- **Payment** includes the fees you pay for services. An example would be completing the steps necessary to receive payment, such as verifying insurance and coverage, and processing claims and collecting fees.
- **Health Care Operations** are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities; business related matters such as audits and administrative services; credentialing and licensing of providers, and case management and care coordination.

The practice may use or disclose PHI without your consent or authorization in the following circumstances:

- a. **Emergency:** If you are involved in a life-threatening emergency and we 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.
- b. **Child Abuse:** If we know, or have reasonable cause to suspect that a child is abused, abandoned or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services.
- c. **Adult and Domestic Abuse:** If we know, or have reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or exploited, we are required by law to report such knowledge or suspicion to the Central Abuse Hotline.
- d. **Health Oversight:** When it is necessary to conduct activities authorized by law for health oversight activities such as audits, investigations, inspections, and licensure.
- e. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment records, such information is privileged under state law. The practice will not release this information without a written authorization from you or your legal representative, or a subpoena of which you have been properly notified. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered. You will be informed in advanced if this is the case.

- f. **Serious Threat to Health Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals or to society, the practice may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement agency or other appropriate authorities.
- g. **Worker's Compensation:** If you file a worker's compensation claim, the practice must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.
- h. **When required by law:** Generally, the information shared within the relationship between a therapist and a client is protected by law. However, there may be instances where PHI must be disclosed if subpoenaed by a court or judge.

Clients Rights

There are rights you have as a client concerning your PHI. You have the right to:

- Request restrictions on certain uses and disclosures, although the practice is not required to agree to the requested restriction.
- Receive confidential communications of PHI by alternative means and alternative locations. This means you can arrange for us to send mail or bills to certain addresses or limit phone calls to retain privacy.
- Release your medical records to others if you give written authorization. You can also revoke release in writing. Revocation is not valid retroactively.
- Inspect and receive a copy of your PHI. We may deny access to information in your record if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. On your request, we will discuss with you the details of the request and denial process.
- Request to amend your record. The practice has 10 business days from the date of the request to decide if the amendment will be allowed. If it is denied, you have the right to file disagreement statement; this disagreement statement and the response will be filed in the record. Amendment request must be in writing.
- Receive an accounting of disclosures for as long as the record is maintained. Exceptions include disclosure for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosure made to you, and those for national security or to law enforcement.
- Complain if you believe your privacy rights have been violated. We ask that you please contact us first. To do this, you may submit your request in writing to our office. You may also send a written complaint to the U.S. Department of Health and Human Services or visit their website at www.hhs.gov. There will be no retaliation towards you for filing a complaint.
- Receive a paper copy of this policy. Requests should be made with our privacy officer Nakita Carroll.

Our business associates will comply with the HIPPA regulations and procedures.

Please note, we have the right to make changes to the policy without giving notification to you. You have a right to request and receive these changes.