

Carpenter House, Inc.  
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**HIPAA Notice of Privacy Practices**  
**Carpenter House Inc. and Kathy White, MA, LMHC, LMFT, QS**  
**THIS NOTICE PERTAINS TO THE PRIVACY PRACTICES OF**  
**the entities listed above, further referred to as “us, we, or our”.**

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY

This notice and all of these rights may not apply to you in some circumstances, which are not covered by federal HIPAA regulations. You may be protected under other federal and state laws. We are required by law to maintain the privacy of Personal Health Information. We are required to provide this Notice of Privacy Practices to you by the privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

We may use or disclose your protected health information (PHI) for treatment and health care operations purposes without your consent. We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment. **You have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out-of-pocket IN FULL for the healthcare service.** Individuals have the right to request restrictions on how a covered entity will use and disclose protected health information about them for treatment, payment, and health care operations. A covered entity is not required to agree to an individual’s request for a restriction, but is bound by any restrictions to which it agrees.

To help clarify this, here are the definitions and examples of each which will apply throughout the notice. **Use** applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

**Disclosure** applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

**PHI Protected Health Information** includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

**Treatment** is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.

**Payment** is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

**Health Care Operations** are activities that relate to the performance of operating our business, such as financial, legal, and quality improvement activities.

## II. Uses and Disclosures Requiring Authorization

### **Purposes outside of Treatment, Payment, and Operations.**

We may use or disclose PHI for purposes **outside** of treatment, payment, and health care operations *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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also obtain an authorization from you before using or disclosing PHI in a way not described in this Notice.

### **Psychotherapy Notes.**

We would need to obtain an authorization before releasing your “Psychotherapy notes”. “Psychotherapy notes” have a very limited definition under HIPAA rules, and are be notes made about analyses of conversations during a private, group, joint, or family counseling session, which are to be kept separate from the rest of your medical record. It is our office practice to keep “psychotherapy notes” under this definition. Your diagnosis and relevant treatment information, symptoms complaints and information about progress are maintained in “Progress Notes” which document your care. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **Marketing.**

Carpenter House Inc. does not actively participate in any marketing programs. The Privacy Rule defines “marketing” as making “a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.” You have the right to authorize Carpenter House Inc. to allow or prohibit marketing communications.

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

Use and disclosure without consent or authorization may occur when allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures such as:

### **Uses and disclosures required by law.**

- ❖ Disclosures about victims of abuse, neglect, or domestic violence
  - ~ 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.
  - ~ 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 immediately report such knowledge or suspicion to the Central Abuse Hotline.

## **Uses and Disclosures with Neither Consent nor Authorization Required Continued**

### **Disclosures for judicial and administrative proceedings.**

- ❖ If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege 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.

### **Disclosures for law enforcement purposes.**

- ❖ As required by law including laws that require the reporting of certain types of wounds or other physical injuries.
- ❖ We may disclose health information for law enforcement purposes and special governmental functions only as required by Federal, State or Local law.

### **In compliance with and as limited by the relevant requirements of:**

- ❖ A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer. A grand jury subpoena. An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:
  - ~ The information sought is relevant and material to a legitimate law enforcement inquiry. The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought and de-identified information could not reasonably be deemed sufficient to use.

### **Uses and disclosures for public health activities.**

- ❖ Release to a coroner or medical examiner, for public health purposes relating to preventing or controlling disease, injury, or disability.

### **Disclosure to a health oversight agency (such as HHS or a state department of health).**

- ❖ Health Oversight: If a complaint is filed against us with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from us relevant to that complaint. The listing in its entirety for the above mentioned statute can be found at <http://www.hipaasurvivalguide.com/hipaa-regulations/164-512.php>

### **Impaired Professionals.**

- ❖ We may disclose information pertaining to the safety to practice to the Florida Department of Health for health care professionals if we have reasonable reason to believe public safety is endangered or where there would be a statutory duty to report.

### **Serious Threat to Health or Safety:**

- ❖ When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

### **Worker's Compensation.**

- ❖ If you file a worker's compensation claim, we 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.

## **Uses and Disclosures with Neither Consent nor Authorization Required Continued**

### **Litigation.**

- ❖ If you have a pending personal injury claims such as auto accident, malpractice claim or other situations in which you are eligible to collect damages, your entire records may be subject to disclosure by subpoena or court order and are subject to full disclosure to the payer of any claims we file for services on your behalf. You may object in writing, to the requestor of the records to a subpoena for such records. In the case of an Independent Medical Examination which is being conducted on behalf of a third party, any information is subject to disclosure to that third party. However, you may have additional rights under State law.

### **Forensic Evaluation at the request of your attorney.**

- ❖ In most circumstances, such evaluations if arranged for and paid through your attorney's office retain a special status of attorney-client privilege until such information is disclosed by your attorney or used for legal purposes. Such evaluations are not protected by rights established under HIPAA.

### **Business Associates.**

- ❖ We have Business Associates with whom we may share your Protected Health Information. For example, we may share necessary information with Business Associates. Examples include Business Associates who provide coverage while we are out of town, answering services as necessary, cleaning companies, or technicians who may need to service equipment where necessary information is stored. We enter into agreements with such associates such that they are also obligated to respect the privacy of your Protected Health Information.

### **Professional Visitors.**

- ❖ Carpenter House Inc. and Kathlyn C. White, MA, LMHC, LMFT, QS are involved in furthering the education of both clinical and administrative personnel. Non-employee visitors may be present and may assist with our duties to you. They have agreed to follow our privacy notices and to uphold your privacy and confidentiality.

### **Communication with Patient and Family.**

- ❖ If a family member calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments. Family members, other relatives, close personal friends, or any other person you identify as participating in your care, may receive minimal necessary health information which is relevant to that person's involvement in your care or in payment for such care. Unless you notify us otherwise, we may leave messages on the telephone numbers on file. If you utilize an answering machine we may leave messages regarding contacting our office regarding scheduling, or regarding personal or third party payment. A patient portal may be used to facilitate communications.

#### **IV. 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, we are 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 (electronic) and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills 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. On your request, we will discuss with you the details of the request process. You have the right to view your PHI in the form and format that you request. You may be denied access to your medical records in certain circumstances. If your request is denied we will discuss this denial with you. You have a right to appeal the denial. If state law allows there may be a nominal fee for provision of medical records.
- ❖ Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we 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 regarding you. On your request, we will discuss with you the details of the accounting process.
- ❖ Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- ❖ Right to Be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (abuse or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- ❖ Right to receive a copy of this notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly
- ❖ Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

#### **V. Therapist's Duties**

- ❖ We are 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.
- ❖ We reserve the right to change the privacy policies and practices described in this notice. Until we notify you of such changes; however, we are required to abide by the terms currently in effect.

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#### **VI. Questions and Complaints**

- ❖ If you have questions about this notice or disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Andrea Hefner, CPC, CPPM Practice Manager at (850) 897-7810.
- ❖ If you and believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Andrea Hefner, Office Manager at (850) 897-7810.
- ❖ You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The person mentioned above can provide you with the appropriated address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **VII. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on April 5, 2016. Changes were made and are effective April 5, 2016. Previous revisions: 05/18/2015.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice (other than minor changes and formatting), by notifying active patients in their billing statements or at their next visit. Returning inactive patients will be notified upon their first visit after such a change in this notice.