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NOTICE OF PRIVACY PRACTICES

This notice contains important information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI). Please review it carefully.

This notice went into effect on August 7, 2017.

A. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create and keep a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by my practice.

This section described the most common circumstances in which I may use or disclose your protected health information (PHI). PHI refers to information on your health record that could identify you.

1. **Treatment:** I will use and disclose your PHI to provide, coordinate, or manage your care. This includes communication and consultation between health care providers.
2. **Payment:** I may use and disclose your PHI to obtain payment for services provided to you. This may include providing information such as dates of service, symptoms, diagnosis, and types of services to your insurance company for reimbursement purposes.
3. **For Health Care Operations:** I may use and disclose your PHI if it is necessary to improve the care I provide to patients or to operate my practice. This may include quality assessment and improvement activities, business-related matters such as audits and administrative services, as well as case management and care coordination.

B. USE AND DISCLOSURE REQUIRING AUTHORIZATION

I may use or disclose your PHI for purposes outside of treatment, payment, or health care operations with your authorization. An authorization is a written permission that allows for specific disclosures. In those instances when I am asked for your PHI for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing the information.

C. LIMITS ON CONFIDENTIALITY

There are some situations where I am permitted or required to disclose information without your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization include:

1. **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
2. **Health Oversight Activities:** If a government agency (e.g., Florida Board of Psychology) is requesting the information for health oversight activities (e.g., audits and investigations), within its appropriate legal authority, I may be required to provide it for them.
3. **Complaints or Lawsuits:** If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. **Workers' Compensation:** If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier, or an authorized qualified rehabilitation provider.
5. **Appointment Reminders and Health Related Benefits or Services:** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

1. **Child Abuse:** If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal guardian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Florida Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
2. **Adult and Domestic Abuse:** If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the Florida Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
3. **Serious Threat to Health or Safety:** If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the

information to the potential victim, appropriate family member, law enforcement, and/or to seek hospitalization of the patient.

D. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

This includes disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

E. PATIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

Patient's Rights:

1. **Right to Confidentiality:** You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask to not share that information for the purpose of payment or our operations with your health insurance. I will agree to such unless a law requires us to share that information.
2. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
3. **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 (e.g., send mail to a different address). I will agree to all reasonable requests.
4. **Right to Inspect and Copy:** You have the right to inspect and to obtain a copy of your PHI. Records must be requested in writing and release of information must be completed. I may deny your request under certain circumstances. You have a right of review, which I will discuss with you upon request.
5. **Right to Amend:** If you believe the information in your records is incorrect and/or missing important information, you can ask to make certain changes, also known as amendments, to your health information. The request must be written and include reasons to support the amendment. I may deny your request under certain circumstances. You have a right of review, which I will discuss with you upon request.
6. **Right to a Copy of This Notice:** You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
7. **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI regarding your treatment. I will discuss with you the details of the accounting process upon request.
8. **Right to Choose Someone to Act for You:** If someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
9. **Right to Choose:** You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

10. **Right to Terminate:** You have the right to terminate services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in a session before terminating or at least contact me by phone to let me know your decision to terminate services.
11. **Right to Release Information with Written Consent:** With your written consent, any part of your record can be released to any person or agency you designate. We will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

Psychologist's Duties:

1. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
2. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
3. If I revise my policies and procedures, I will provide you with a revised notice during our session.