

Notice of Nicole Greenberg, PhD's Policies and Practices to Protect the Privacy of Your Health Information

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.

Uses and Disclosures for Assessment, Payment, and Health Care Operations

I may use or disclose your (or your child's) protected health information (PHI) for treatment, assessment, payment, and health care operations purposes with your consent. Below are some definitions to clarify these terms.

- “You” refers to either the parent, legal guardian, or other person acting in loco parentis seeking the assessment or the child being assessed.
- “PHI” refers to the information in your health record that could identify you, including reason for seeking an evaluation, your diagnosis, developmental, medical, and social history, treatment history, past assessment records received from other providers, your billing records, and any reports that have been sent to anyone, including any reports that you send to your insurance provider.
- “Treatment, assessment, payment, and health care operations”
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, another psychologist, or psychiatrist.
 - Assessment is where I conduct an evaluation for specified mental health conditions or conduct other services related to such an evaluation. An example of assessment would be consulting with other professionals, including teachers or other psychologists, for the purposes of obtaining additional information relevant to the evaluation.
 - Payment is when I obtain reimbursement for your health care.
 - Health care operations are activities that relate to the performance and operations of my practice. For example, quality assessment improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” only applies within my office and practice, such as sharing, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office and practice, such as releasing, transferring, or providing access to information about you to other parties. For example, a disclosure would be talking to a teacher about your child for issues relevant to the evaluation.
- “My office and practice” includes for purposes of scheduling, billing, emergency notifications, and other administrative tasks, such staff, business associates, and consulting professionals as needed.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, assessment, 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 I am asked for information for purposes outside of treatment, assessment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family session. These notes are given a greater degree of protection than PHI and are kept separate from your PHI. Your psychotherapy notes are not available to you and cannot be sent to anyone else, including insurance companies and attorneys, without your written, signed authorization. At my discretion, this information could only be released with your written, signed authorization. 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) I 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.

Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I 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 I report such knowledge or suspicion to the Florida Department of Children and Families.
- **Adult and Domestic Abuse:** If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Florida Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me 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 me relevant to that complaint.
- **Judicial or 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 I 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 me 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.
- **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, I 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, I 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.
- **When the use and disclosure without your consent or authorization is allowed under Section 164.512 of the Privacy Rule and Florida's confidentiality law:** This includes narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions, such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- **When you are an unemancipated minor with a parent, guardian, or other person acting in loco parentis:** Under Section 164.502 of the Privacy Rule, I am required to treat a personal representative, which for an unemancipated minor includes a parent, guardian, or other person acting in loco parentis, the same as if they were the individual, subject to certain exceptions set forth therein.

Patient's Rights and Psychologist's Duties

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, I am 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 and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. Such request must be made in writing and verbally confirmed in person.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my 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, I will discuss with you the details of the request process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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 PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- **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 your doctor's services.

- **Right to be Notified if There is a Breach of Your Unsecured PHI:** You have the right to be notified if: (a) There is a breach (a use or disclosure of your PHI in violation of the HIPAA Policy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised. If such breach occurs, you shall be notified of how the breach occurred, the nature of the PHI that was breached, what steps need to be taken to protect yourself from harm, and what steps I am taking to investigate, mitigate, and prevent any harm.

Psychologist's Duties:

- 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.
- I have the duty to respond to your written request and authorizations within a timely manner.
- I may deny access to PHI under certain circumstances. You will be informed in writing in a timely manner regarding any denial of access and the process of having the denial reviewed.
- 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.
- If I revise my policies and procedures, I will notify you by mail, electronic mail, or correspondence through the Patient Portal.

Questions and Complaints

- If you have questions about this notice, disagree with a decision I made about access to your records, or have other concerns about your privacy rights, you may contact me at (850) 270-7294.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

Effective Date

This notice will go into effect on 2/2/2025.