

Orlando Family Counseling, Inc.

Notice of Privacy Practices

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

(No response is needed.)

Why you are receiving this notice:

Federal law requires Orlando Family Counseling, Inc. to:

- Make sure that medical information that identifies you is private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice, or any amendment to this Notice that is in effect.

How Orlando Family Counseling, Inc. uses and discloses Protected Health Information:

The most common reason why we use or disclose your information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; conducting evaluation and assessments; conducting observations; designing treatment plans; referring you to another provider for care or getting copies of your health information from another professional that you may have seen. Examples of how we use or disclose your information for payment purposes are: asking you about your health plans or other payers; and preparing or sending bills or claims. "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your information for health care operations are: financial or billing audits; internal quality assurance; education of staff and other professionals.

We routinely use your information for these purposes without any special permission.

Additional Uses or Disclosures

We may also use and disclose your Protected Health Information as permitted by laws for the following purposes:

- When a state or federal law mandates that certain information be reported for a specific purpose
- To governmental authorities about victims of suspected abuse, neglect or domestic violence
- To other government agencies that provide public benefits for determining eligibility and compliance
- For health oversight activities, such as inspections, investigations and audits
- To prevent a serious threat to health or safety
- Of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- For legal purposes, such as subpoenas or court orders
- For law enforcement purposes, such as information pertaining to a victim of a crime; or to report a crime
- For specialized government functions, such as intelligence activities; disaster relief activities; or other national security activities authorized by law

- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or devices
- Relating to worker’s compensation programs
- To “business associates” who provide services for us and who commit to respect the privacy of your information
- To your family or other persons who are involved in your care. (You have the right to object to disclosing this information.)
- As otherwise required by law.

Other uses or disclosures of your protected health information require your written authorization. If you give us your authorization you may cancel it by writing to our Privacy Officer at the address listed below. If you cannot give your authorization due to an emergency, we may release your health information if it is in your best interest.

Your Protected Health Information Rights

You have the following rights with respect to your protected health information:

- To see or obtain a copy of your health information maintained by Orlando Family Counseling, Inc. We may not be able to provide health information that includes psychotherapy notes, is part of a legal case, or is otherwise excluded from disclosure by laws. We may charge a copying fee. To inspect and/or receive a copy of your medical information, you must submit your request in writing to Orlando Family Counseling, Inc.
- To request a list of where we have sent your health information. The list may not include disclosures authorized by you; disclosures for treatment, payment, and health care operations; or other disclosures permitted by law. There may be a charge for the cost of compiling the information.
- To request that we contact you at a different address or phone number, if contacting you about your health information at your present location would endanger you.
- To request that we limit the use and disclosure of your health information. (Based on statutory guidelines, Orlando Family Counseling, Inc. may not be required to agree to your request.)
- To request another paper copy of this notice.

How to exercise your rights regarding your Protected Health Information disclosures:

If you have any question, or wish to make a request regarding your Protected Health Information, or would like another paper copy of this notice, please contact our privacy officer at the address below.

Privacy Officer
 Orlando Family Counseling, Inc.
 2450 McIntosh Way
 Maitland, FL 32751-4005
 (407) 644-1734

Secretary of Health and Human Services
 200 Independence Avenue, SW
 Washington D.C. 20201

Future Changes to the Notice of Privacy Practices

We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information that we maintain. When we make important change to our policies, we will change this notice and post a new notice at our office. You can also request a copy of our current notice at any time.