



## Creative Counseling Solutions of Sarasota, Inc.

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### NOTICE OF PRIVACY PRACTICES

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

Creative Counseling Solutions of Sarasota, Inc. is dedicated to maintaining the privacy of your personal health information as part of providing professional care and required by law to abide by the terms of this policy, as well as provide notice of its legal duties and privacy practices with respect to protected health information.

#### *Uses and Disclosures for Treatment, Payment and Health Care Operations*

Protected health Information (PHI) may be used or disclosed for treatment, payment, and healthcare operations purposes. Clarification of terms is as follows:

- PHI refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment, and other basic information pertaining to your treatment.
- USE applies only to activities within Creative Counseling Solutions of Sarasota, Inc. such as sharing, employing, applying, utilizing and analyzing information that identifies you.
- DISCLOSURE applies to activities outside of Creative Counseling Solutions of Sarasota, Inc. such as releasing, transferring or providing access to information about you to other parties.
- AUTHORIZATION is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.
- TREATMENT is the provision, coordination or management of your health care and other services related to your health care. For example, with your written authorization your information may be provided to your physician to ensure the physician has the necessary information to diagnose or treat you.
- PAYMENT your PHI may be used as needed in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- HEALTH CARE OPERATIONS are activities that relate to the performance and operation of Creative Counseling Solutions of Sarasota, Inc. Your protected health information may be used or disclosed as needed in support of business activities for quality assurance.
- CONTRACTED AGENCIES for services provided through contracts with other agencies or providers. Your PHI will be appropriately protected.



### *Written Authorizations to Release PHI*

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing.

### *Uses and Disclosures without Authorization*

The law and federal HIPAA regulations protect the privacy of all communications between a client and a mental health professional. In most situations, information about your treatment to others can only be released if you sign a written authorization. The authorization will remain in effect for the length of time determined and you may revoke the authorization at any time, unless action has already been taken in reliance on it. However, there are some disclosures that do not require your authorization. Your PHI may be disclosed without your consent in the following circumstances:

- **CHILD ABUSE OR NEGLECT-** Licensed Mental Health Counselors are mandated reporters. If there is reasonable cause to believe that a child may be abused or neglected or if there is a report of or suspicion of previously unreported abuse a report will be filed as required by law with the Florida Abuse Hotline.
- **ADULT AND DOMESTIC ABUSE-** If there is reason to believe that an individual such as an elderly or disabled person protected by state law has been or is being abused, neglected or financially exploited, a report will be filed with the appropriate authorities.
- **JUDICIAL PROCEEDINGS-** If you are involved in a court proceeding and a request is made for information by any party about your treatment and/or records, such information is privileged under state law and is not to be released without 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 must be informed in advance if this is the case.
- **HEALTH OVERSIGHT ACTIVITIES-** Your PHI may be disclosed for activities authorized by law for health oversight activities such as audits, investigations, and licensure or disciplinary actions. If a client files a complaint or lawsuit, relevant information regarding the client may be disclosed in defense.
- **SERIOUS THREAT TO HEALTH OR SAFETY-** If you seem to present an imminent, serious risk of injury or death to yourself or others, information deemed necessary may be disclosed in order to protect you or another from harm.
- **EMERGENCY CONTACT-** In case of an emergency, you permit contact of the person you identify as your emergency contact.

### *Client Rights*

- **RIGHT TO REQUEST RESTRICTIONS-** You have the right to request restrictions on certain uses/disclosures of PHI and this request must be made in writing. Creative Counseling Solutions of Sarasota, Inc. will attempt to honor your request, but is not required by law to do so.
- **RIGHT TO RELEASE YOUR RECORDS-** You have the right to release your records to others and the right to revoke the release in writing; however, revocation is not valid on previously released authorizations.
- **RIGHT TO INSPECT AND COPY-** You have the right to inspect and/or obtain a copy of information in your file as these records are maintained. Your request may be denied and process will be discussed with you in such cases. There may also be a charge for copying and mailing your record.
- **RIGHT TO AMEND-** You have the right to request an amendment of PHI as long as it is maintained in the record. Your request may be denied in which case you have the right to file a disagreement, which will be filed in the record. Your amendment must be in writing.



- **RIGHT TO AN ACCOUNTING-** You have the right to request and receive an accounting of all disclosures of PHI.

*Complaints*

If you believe your privacy rights have been violated, you may file a complaint with Creative Counseling Solutions of Sarasota, Inc. and it is requested that you do so in writing. If you are not satisfied you may also send a written complaint to the Department of Health and Human Services. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice, please contact me:

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