

Lunden Psychological Services, Inc.

Notice and Acknowledgement of Privacy Practices **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

State and Federal Law require this office to maintain the privacy of your health information and to inform you of the privacy practices by providing you with this notice. It is our right to change our privacy practices provided laws permit the changes. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request.

You may request a copy of the privacy notice by contacting Dr. Judy C. Lunden at 9160 Oakhurst Road, Suite 3B, Seminole, FL 33776 or (727) 240-1922. If you feel that your privacy rights have been violated, please contact Dr. Lunden at (727) 240-1922. You may also submit a written complaint to the U.S. Department of Health and Human Resources (HHS).

Disclosures of Information:

Treatment: We use your health information to provide you with professional services. Your health information is confidential and staff members' access to your information is limited based on their job function.

Disclosure: We may disclose your health information to other health care professionals, if you give consent to do so. Your health care information may also be disclosed to family members or significant others, if given written consent to do so by you. If you are referred by a state agency, such as Department of Children and Families, Department of Health, Department of Elder Affairs, or any other state agency, your health care information will be released to the agency when you give written consent. If you are court ordered to receive services, this information will be disclosed to the court in compliance with the court order, as well as to your attorney once consent is signed. Information may also be released to the Department of Health and/or Board of Psychology if there is an investigation pertaining to an ethical violation while in treatment.

Payment: We may use your health care information to seek payment for services provided to you. This disclosure involves our business office staff and may include insurance organizations, collection companies, or other businesses that may become involved in the process of billing insurance companies, mailing statements, and collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify or assist in the notification of a family member or any significant other concerned/responsible for your care, emergency medical services, and/or law enforcement officials in the case of an emergency. If at all possible, we will provide you with an opportunity

PHONE

FAX

WEB

9160 Oakhurst Road Suite 3B, Seminole, FL 33776 (727) 240-1922 (727) 240-1928 lundenpsychological.com

to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Required by Law: We may use or disclose your health information when we are required by law (ex: court subpoena, order, or summons). We will use and disclose information when requested by National Security, Intelligence, or other State or Federal officials and/or if you are under the custody of law enforcement.

Abuse/Neglect/Exploitation/Death: We may disclose your health information to appropriate authorities if we believe you are involved in the abuse, neglect, exploitation, or death of an elderly adult, child, or disabled individual, or if your child is being abused/neglected, or if you are an older or disabled adult who is being abused/neglected/exploited, or if we believe that after your death you have died under these circumstances.

Potential Harm: We may disclose your health information to appropriate authorities and/or a family member or significant other, if we believe you are an imminent danger to yourself or others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including emails, voicemail messages, texts, postcards, or letters.

Healthcare Information Access: Upon written request, you have the right to inspect and obtain copies of your health information (and information of an individual for whom you are a legal guardian). If you want to review your records with Dr. Lunden, you will need to schedule an appointment, which is billed at the same rate as a 45-minute-therapy session. In addition, we charge \$.10 per page, if you would like copies of your records. If a requested copy of your health record is to be mailed or faxed to you or another health care professional, attorney, or person of your choosing, we charge an additional \$50.

Amendment: You have the right to amend your health care information, if you feel it is inappropriate, incomplete, or in error. Your request must be made in writing, and include an explanation of why the information should be amended. Under certain circumstances your request may be denied.

Non-Routine Disclosures: You have the right to receive a list of the non-routine disclosures we have made of your health information. For example, we may disclose information to an insurance company, or a health care provider based on your request. All disclosures are noted in your record and you may request a listing of them.

Limits of Confidentiality: Your health information is NOT confidential in the following situations:

1. You are an imminent danger to yourself or others.
2. You are involved in the neglect, exploitation, abuse, or death of an elder, child, or disabled individual. Your child has been abused/neglected. You are an elderly or disabled individual who has been neglected, exploited, abused, or die in the future from presumed neglect, exploitation, or abuse.
3. You have been referred to receive psychological services by a state agency, such as the Department of Children and Family Services, the Department of Health, or a similar state agency.

4. You are involved in a custody dispute and are receiving psychological services related to the custody dispute.
5. You are involved in a lawsuit, civil or criminal court proceeding, and are receiving psychological services to be utilized in the proceeding.
6. Your mental health records are subpoenaed by a court of law.
7. You have requested that we release your health information to a particular individual or agency.

Acknowledgement of This Notice of Privacy Regarding your PHI:

The acknowledgement that you have received notice of your privacy rights will be made part of your medical record at Lunden Psychological Services, Inc. Please sign and date below. You may request a copy of this notice at any time.

Client's Printed Name

Date

Client's Signature or Legal Guardian

Date