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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
(How your health information may be used and disclosed and how you can access this information).

Effective date: April 14, 2023

If you consent, the provider that you will be seeing is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnosis, treatment, and applying to your insurance plan for future care or treatment. It also includes billing documents for those services. Appropriate authorization will be obtained from you to release your PHI.

Examples of uses of your health information for treatment purposes are:

- The provider obtains treatment information about you and records it in a health record to be used by the health care provider.
- During the course of your treatment, the provider determines that he/she will need to consult with another specialist, such as your primary care physician, a psychiatrist, or another professional. With your permission, the provider will share the information with such specialists and obtain their input.

Examples of use of your health information for payment purposes:

- The provider submits a request for payment to your health insurance company. The health insurance company requests information from us regarding services rendered. We will provide that information to them about you and the care you receive so they can process your claims.
- We verify insurance coverage prior to your first appointment and obtain prior authorization and pre-certification when required to do so by your policy coverage.

An example of use of your health information for health care operations:

- We may have Business Associates such as billing services, bookkeepers, etc. who may have access to your PHI when they are preparing our routine financial statements or entering payments from insurance companies.

Your health information rights:

The health record and billing records we maintain are the physical property of this office. The information in it, however, belongs to you. You have a right to:

- *Request a restriction on* certain uses and disclosures of your PHI by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted.
 - *Obtain a paper copy* of this Notice of Privacy Practices for PHI by making a request at our office.
 - *Request that you be allowed to inspect and receive* a copy of your health record and billing record. You may exercise this right by delivering the request in writing to our office.
 - *Appeal a denial of access to your PHI* except in certain circumstances.
- *Request that your health care record be amended* to correct incomplete or incorrect information by delivering a written request to our office.
- *File a statement of disagreement* if your amendment is denied, and require that the request for amendment and the denial be attached in all future disclosures of your protected health information.

- *Obtain an accounting of disclosures* of your PHI as required to be maintained by law by delivering a written request to our office. The accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request.
- *Request that communication of your PHI be made by alternative means* or at an alternative location by delivering the request in writing to our office.
- *Revoke any authorizations* that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

If you want to exercise any of the above rights, please contact your provider during normal business hours. The provider will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities The provider is required to:

- Maintain the privacy of your PHI as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
 - Abide by the terms of this Notice.
 - Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information to you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice to reflect these changes. You are entitled to receive a revised copy of the Notice by calling or requesting a copy of our Notice or by visiting the office to obtain a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem about the handling of your information, you may contact your provider: Elizabeth Stamper 703-887-6571

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at the office by delivering the written complaint to: Elizabeth Stamper, 2085 Hwy A1A, #3601, Indian Harbour Bch, FL 32937

You may also file a complaint by mailing or e-mailing it to the U.S. Secretary of Health and Human Services. The Provider cannot, and will not, retaliate against you for filing a complaint with the Secretary. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office.

Other Uses and Disclosures

Notification: Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other persons responsible for your care, about your location, about your general condition, or your death.

Communication with family: We may disclose to a family member, relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Disaster relief: To assist in disaster relief efforts.

Funeral Directors / Coroners: To allow them to carry out their duties.

Appointments and Scheduling: To notify you of scheduling changes.

Uses and Disclosures Without Consent or Authorization

Law enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Abuse and Neglect: To public authorities as allowed by law to report abuse or neglect of children or vulnerable adults (disabled or elderly).

Duty to Warn: To avert a serious threat to health or safety, we may disclose your protected health information to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health: As required by law, we may disclose your protected Health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Health Oversight: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings: In the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

For Specialized Governmental Functions: For specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses: Other uses and disclosures in addition to those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke that authorization as previously stated.

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices.

Printed Name: _____

Signature: _____

Date: _____

Signature of Personal Representative of Patient: _____

Description of Representatives Authority to Act on behalf of Patient:
_____ (example, parent, guardian, etc.)