



# Notice of Policies and Practices to Protect the Privacy of your Health Information

THIS NOTICE PERTAINS TO THE PRACTICES OF PAPER AIRPLANE BEHAVIORAL SERVICES, PA. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE AND ALL OF THESE RIGHTS MAY NOT APPLY TO YOU IN SOME CIRCUMSTANCES WHICH ARE NOT COVERED BY FEDERAL HIPAA REGULATIONS. YOU MAY BE PROTECTED UNDER OTHER FEDERAL AND STATE LAWS. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT MARCELLE MEDINA-SMESTER, MA, BCBA AT THE CONTACT INFORMATION LOCATED AT THE END OF THIS NOTICE.

## I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
  - *Treatment.* We may use a client's PHI to provide the client with services, and we may disclose this information to any and all Paper Airplane Behavioral Services staff involved with the client's treatment. Treatment includes (a) activities performed by Paper Airplane Behavioral Services personnel in the course of providing service to the client or in coordinating or managing the client's service with other service providers and (b) consultation with and between Paper Airplane Behavioral Services staff and other professionals involved in the client's treatment.
  - *Payment.* We may use and disclose the client's protected health information so that we may bill and collect payment from the client, an insurance company, or another party for services that Paper Airplane Behavioral Services provides to the client. We may also provide the client's health plan provider of treatment we intend to administer in order to obtain prior approval or to determine whether the client's plan will pay for the treatment.
  - *Health Care Operations.* We may use and disclose the client's protected health information in order to maintain necessary administrative, education, quality assurance, and business functions.
- "Use" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of our [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

## II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations (of PHI or therapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we 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.

Please note, under federal law, you may not inspect, copy, or request disclosure of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on your circumstances a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

## III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse.* If we 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 we report such knowledge or suspicion to the Florida Department of Child and Family Services.



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- *Adult and Domestic Abuse.* If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- *Health Oversight.* If a complaint is filed against us 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 us 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 we 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 us 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, we 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, we 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
- *Law Enforcement.* We may disclose health information for law enforcement purposes and special governmental functions only as required by Federal, State or Local law.
- *Business Associates.* We have Business Associates with whom we may share your Protected Health Information. Examples include answering services as necessary, shared clerical functions with Business Associates with whom we may share offices with, collection agencies or collection attorneys, or technicians who may need to service equipment where necessary information is stored. We enter into agreements with such associates such that they are also obligated to respect the privacy of your Protected Health Information.
- *Communication with Family.* If a family member or close friend calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments. Unless you notify us otherwise, we may leave messages on your home phone if you utilize an answering machine regarding contacting our office regarding scheduling, or regarding personal or third party payment.
- *Marketing.* We may Contact you to provide you with appointment reminders, with information about treatment alternatives or with information about other health-related benefits or services that may be of interest to you.
- *Health Research.* We may use Personal Health Information to conduct or participate in research studies based upon our clinical and health records. In such cases any personal identifying information shall be removed.

### IV. Patient's Rights and Provider'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, we are 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, we will send your bills to another address.)
- *Right to Inspect and Copy.* You have the right to inspect or obtain a copy (or both) of PHI in our 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, we 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. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that we did not create (unless the person or entity that created the information is no longer



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available to make the amendment), If this is not part of the information we keep, you would not be permitted to inspect and copy, or is accurate and complete.

- *Right to an Accounting.* You generally have the right to receive an accounting of disclosures of PHI regarding you. This is a list of the disclosures we made of confidential information about you. To obtain this list, you must submit your request in writing and it must state a time period (which may have limitations that will be discussed). Your request should indicate in what form you want the list and we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the costs are incurred.
- *Right to a Paper Copy.* You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

### Provider's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will post these on the [www.paperairplanebehavioral.com](http://www.paperairplanebehavioral.com) website and notify active patients by mail along with billing statements. Returning patients will be notified upon their first visit following a change in policy and procedures. Patients may request a written copy at anytime by mailing such a request to the address listed below.

### V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Marcelle Medina-Smester, MA, BCBA at the addresses listed at the end of this notice. You will not be penalized for making a complaint. 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.

### VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice was published and effective as of 7/1/2015

Paper Airplane Behavioral Services, PA  
c/o Marcelle Medina-Smester, MA, BCBA  
3503 Kernan Blvd S, Suite 1  
Jacksonville, Florida 32224  
Phone: 904-900-1664 Fax: 844-231-8895

### ACKNOWLEDGEMENT OF PRIVACY NOTICE

Client/Child Name (please print): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

*I hereby acknowledge that I have received the Notice of Privacy Practices for Paper Airplane Behavioral Health and all therapists providing services at Paper Airplane Behavioral Services, PA.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date