



Comprehensive MedPsych Systems, Inc.

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Acknowledgment of Receipt of Notice to Privacy Practices

Please sign and print your name, and date on this acknowledgement form.

Signature: _____

Printed Name: _____

Date: _____ *Relationship if not patient*

The following categories describe different ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another third party. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover treatment.

Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Contracted Agencies or Facilities. There are some services provided in our organization through contracts with other agencies or facilities. When such services are contracted, we may disclose your health information to our contracted agencies or facilities to best be able to provide those services. We require such agencies and facilities to appropriately safeguard your health information.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans. We may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose medical information about you to report abuse or neglect of children, the elderly and incompetent patients.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, warrant, summons or similar process.

Medical Examiners and Funeral Directors. We may release medical information to a medical examiner for identification, cause of death, or other duties authorized by law (this will be subject to state preemption).

Child Abuse. If we know, or have reasonable cause to suspect, that a child has been or is being abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires reporting such knowledge or suspicion to the Florida Department of Child and Family Services.

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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. In most cases, you have the right to inspect and copy your medical and billing records. To inspect and copy your medical or billing records, you must submit your request in writing to: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. If you request a copy of the information, we may charge a reasonable fee for costs of copying and mailing.

We may deny your request to inspect and copy in some circumstances. We may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding. Psychotherapy Notes are specifically defined in the HIPPA regulations as “*notes recorded in any medium by a mental health provider documenting or analyzing the contents of a conversation during a private, group, joint or family counseling session, and that are separated from the rest of the individual’s medical record*” and are treated differently than other medical records. Psychotherapy Notes must be kept in a separate file and are considered the private self communication of the mental health provider. HIPPA does not allow patients specific access to Psychotherapy Notes.

Mental health medical records are available to clients and include the following information: counseling session dates, diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, termination summary, and psychological testing reports. These are usually more accessible to you.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us; we will add your request to the information record;
- Is not part of the medical information kept by Comprehensive MedPsych Systems;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may limit the information we disclose. To request restrictions, you must make your request in writing to: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Alternative Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing to: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register we will have copies of the current notice available on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Comprehensive MedPsych Systems, Inc. To file a complaint, you must submit your request in writing to Dr. Geoffrey Kanter, President, Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239. You may also send a written complaint to the U.S. Department of Health and Human Services.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you request the transmission of any protected health information to a third party you will need to complete a written authorization for each recipient. Your authorization must include; to whom the information may be disclosed; a definition of the information to be used or disclosed; the purpose of the disclosure; an expiration date; your acknowledgment in writing of your rights to revoke authorization of disclosure and to not authorize disclosure. You may revoke that permission, in writing, at any time by contacting: Comprehensive MedPsych Systems, Inc., 1229 South Tamiami Trail, Sarasota, FL 34239.

MORE INFORMATION

If you have any questions you may contact:

Dr. Geoffrey Kanter
President, Comprehensive MedPsych Systems, Inc.
1229 South Tamiami Trail
Sarasota, FL 34239
941-363-0878