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NOTICE OF PRIVACY PRACTICES

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) requires that the practice provide you with this notice regarding privacy of personal health information. This Notice describes (1) how the practice may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) the practice's duties and contact information.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

This notice describes information about privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by healthcare providers you consult with by telephone (when your regular healthcare provider from our office is not available) who provide "call coverage" for your healthcare provider.

Protected Health Information

"Protected Health Information" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care.

The Use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operations

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

Treatment

The practice may use or disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, the practice may coordinate your health care with a third party. In addition, the practice may disclose protected health information to other health care providers for treatment activities of those other parties.

Payment

When needed, the practice may use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended treatment or determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, the practice may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or utilization review when required to do so by your insurance company. Finally, the practice

may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

Operations

The practice may use or disclose your protected health information when needed for the practice's health care operations for the purpose of management or administration of the practice and of offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administration activities. The practice may disclose your protected health information to another provider or health plan for their health care operations.

Other Uses and Disclosure

As part of treatment, payment, and healthcare operations, the practice may use or disclose your protected health information to: (1) remind you of an appointment including the leaving of appointment reminder information on your telephone answering machine; (2) inform you of potential treatment alternatives or options; or (3) inform you of health related benefits or services that may be of interest to you.

Additional Uses and Disclosures Permitted without Authorization

In addition to treatment, payment and healthcare operations, the practice may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

When Legally Required

The practice will comply with any federal, state or local law that requires it to disclose your protected health information.

Public Safety

The practice may use or disclose your protected health information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Abuse, Neglect, or Domestic Violence

As required, or authorized by law, or with the patients agreement, the practice may inform government authorities if it is believed that a patient is the victim of abuse, neglect, or domestic violence.

Health Oversight Activities The practice may use or disclose your protected health information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation, and/ or intervention. The practice may disclose your protected health information to a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure, or disciplinary actions, administrative and/ or legal proceedings.

Legal Proceedings

The practice may disclose your protected health information in the course of certain judicial or administrative proceedings.

Law Enforcement

The practice may disclose your protected health information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners, and Funeral Directors

The practice may disclose your protected health information to a coroner, medical examiner or a funeral director.

Organ Donation

If you are an organ donor, the practice may disclose your protected health information to an organ donation and procurement organization.

Disaster Relief

The practice may disclose your protected health information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Disclosure to Department of Health and Human Services

The practice may disclose your protected health information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Family and Friends

Unless you object, the practice may disclose your protected health information to family members, other relatives, or close personal friends, when the health information is directly relevant to that person's involvement with your care.

Notification

Unless you object, the practice may disclose your protected health information to notify a family member, a personal representative or another person responsible for your care of your location, general condition, or death.

Authorizations

Other than the circumstances described above, the practice will not disclose your protected health information unless you provide written authorization. You may revoke your authorization in writing at any time.

Your Rights Regarding Your Medical Information

You have the following rights with respect to your protected health information:

The Right to Request Confidential Information

You have the right to receive communication from this practice in a confidential manner.

The Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information

You may ask the practice to restrict certain uses and disclosures of your protected health information. Your request should be directed to the practice's Privacy Officer. The practice may choose to deny your request for a restriction, in which case the practice will notify you of its decision. Once the practice agrees to the requested restriction, the practice may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment.

The Right to Inspect and Copy Your Protected Health Information

Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.

The Right to Request an Amendment of your Protected Health Information

You may ask the practice to amend your protected health information. The practice may deny your request for certain specific reasons. If denied, the practice will provide you with a written explanation for the denial and information regarding further rights you may have at that point.

The Right to Request an Accounting of Certain Disclosures

You have the right to receive an accounting of the disclosures of your protected health information made by the practice during the last six years, except for disclosures for treatment, payment, or healthcare operations, disclosures that you authorized and certain other specific disclosure types. The practice is not required to provide an accounting for disclosures that took place prior to April 14, 2003. The practice will not charge you for the first accounting you request of any 12-month period. Subsequent accounting may require a fee based on the practice's reasonable costs for compliance of the request.

The Right to Obtain a Paper Copy of This Notice

You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.

The Right to File a Complaint

If you believe that your privacy rights have been violated, you have the right to relate complaints to the practice and to the Secretary of the Department of Health and Human Services. You may provide complaints to the practice verbally or in writing. Such complaints should be directed to the practice's Privacy Officer. This practice encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

Privacy Officer

If you would like further information regarding your rights or regarding the uses and disclosures of your protected health information, you may contact:

Privacy Officer

Doris M. Dominguez, MSW, LCSW, 9010 SW 137 Avenue, Miami, FL 33186.

Telephone: (305) 772-9681