

# South Florida Psychology Associates, LLC

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## Privacy of Information Policies

**This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.**

### **Our Legal Duties**

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including reports kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of materials disclosed to us in an evaluation, intake, or therapy session are covered by the law as private information. We respect the privacy of the information that you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

Information about you may be used by the personnel associated with this practice for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, and mental health professionals. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this practice not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

### **Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws

**Abuse**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

**Prenatal Exposure to Controlled Substance**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**In the Event of a Client's Death**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

**Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Judicial or Administrative Proceedings**

Health care professionals are required to release records of clients when a court order has been placed.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**Other Provisions**

When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, process notes, testing) is not disclosed. If a debt remains unpaid, it may be reported to credit agencies, and the client's report may state the amount owed, the time-frame, and the name of the practice or collection source.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are dictated/typed within the clinic or by outside sources specializing in (and held accountable for) such procedures.

**Your Rights**

You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical information are as follows. You may request a copy of your records in writing with an original signature. If your request is denied, you will receive a written explanation explaining the denial. Records for non-emancipated minors must be requested by their custodial parent or legal guardian. The charge for this services is \$.05 per page, plus postage.

You have the right to cancel a release of information by providing us written notice. You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means to another location. This request must be made to us in writing. You have the right to know what information in your records has been provided to whom.

**Complaints**

If you have any complaints or questions regarding these procedures, please contact the practice. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Department of Health and Human Services and/or the Florida Board of Psychology. If you file a complaint, we will not retaliate in any way.

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**I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.**

Client’s name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: \_\_\_\_\_ Client \_\_\_\_\_ Guardian \_\_\_\_\_ Personal Representative

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