

Becky Nickol, NCC, LMHC

Licensed Mental Health Counselor, MH 8569

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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.

Confidentiality and privacy are cornerstones of the counseling profession. Communication with me, as well as documentation of your treatment, generally will be kept confidential and will not be released to others without your written authorization. One of the purposes of the Notice of Privacy Practices is to inform and educate you about the fact that there are exceptions to the general rule of confidentiality. Many of these exceptions have existed for years; others are the result of laws and regulations being passed by the Florida legislature and by the federal government. These laws and regulations are essentially statements of public policy. My office policies and procedures, as well as the ethical standards of the American Mental Health Counselors Association, are intended to shape my practice so that privacy and confidentiality are maintained, consistent with Florida law and the federal "Privacy Rule".

1. Privacy Officer: I, Becky Nickol, am the Privacy Officer for this practice. I am the one responsible for developing and implementing these policies and procedures.
2. Contact Person: I, Becky Nickol, am the contact person for this practice. If a client needs or desires further information about the Notice of Privacy Practices, or if a client has a complaint regarding these policies or procedures or our compliance with them, I am the person who should be contacted.
3. I will maintain documentation of all consents, authorizations, Notice of Privacy Practices, office policies and procedures, trainings, and client requests for records or for amendments to records. I will also document complaints received and their disposition.
4. In the event I should acquire an employee (clerical/administrative), I will train all employees regarding the importance of privacy and confidentiality.
5. Conversations regarding confidential material or information will take place in an area and in a manner that these conversations will not easily be overheard.
6. Client records will be kept in locked file cabinets in my office. Client records will not be left in places where others are able to see the contents. I will take steps to assure that client records are accessed only by me or, with my permission, by my employees who need to access them on my behalf or on the client's behalf.
7. Computer and fax machines will be placed appropriately so that access is limited to office personnel and that confidential information transmitted or received is not seen by others. Information and records concerning a client may be disclosed as described in the Notice of Privacy Practices and in accordance with applicable law or regulation.
8. Generally, I will obtain a written authorization from the client before releasing

information to third parties for a purpose other than treatment payment and health care operations, unless disclosure is required by law or permitted by law.

9. If mental health records are subpoenaed by an adverse party I will assert the psychotherapist/client privilege (Florida Statute, Chapter 90.503) on behalf of the client and will thereafter, according to the wishes of the client and the client's attorney, unless I am ordered by a judge (court order) or other lawful authority to release records or portions thereof.

10. To the extent that I keep mental health records electronically (e.g. on my computer) I will back up the computer files on a regular basis.

11. I will keep all client records for at least seven years from the date of the last treatment. With respect to the records of a minor, I will keep those records for at least seven years or until the client is twenty-one years of age, whichever is longer. Thereafter, I may destroy client records. When records are destroyed, they will be destroyed in a manner that protects client privacy and confidentiality.

12. I will attempt to find out from the client whether they have an objection to receiving correspondence from me or my employees at their residence and whether I am permitted to call them at their residence. The purpose of this correspondence would be to change appointment times or dates, discuss matters related to treatment, invoices or claim forms.

13. If I share protected health information about a client with third party business associates as part of my health care operations (e.g. billing or transcription service), I will have a written contract with that business that contains terms that will protect the privacy of the client's protected health information.

14. My duty to confidentiality and the psycho-therapist-patient privilege survive the death of a patient (client); and therefore I will remain bound by my duty unless released by the client's legal representative.

15. You have the right to request restrictions on certain uses and disclosures of protected health information about the client, such as those necessary to carry out treatment, payment or health care operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restrictions.

16. You have the right to inspect and copy protected health information about the client by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, I am permitted to deny access for specific reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes". The term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversations during a private counseling session, a group counseling session, or a family counseling session and that are separated from the rest of the client's medical/mental health records. The term "psychotherapy notes" excludes medication prescription and monitoring (not appropriate to my practice), counseling session start and stop times, the modalities and frequencies of treatment furnished, result of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

17. You have the right to amend protected health information in records by making a request to do so in writing that provides a reason to support the requested amendment for specific reasons. You have the right, subject to limitations, to provide me with a written

addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and have the addendum become part of the client's record.

18. You have the right to receive an accounting from me of the disclosures of protected health information made by me in the past six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specific reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I do not have to account for disclosures of protected health information that are made with your written authorization, since you have the right to receive a copy of any such authorization you might sign.

If you desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact me. As the contact person for this practice, I will do my best to answer your questions and to provide you with additional information. Please advise me if you want to obtain a copy of this Notice.

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