

**Angela Rosillo Counseling Services**  
**Delray Beach, Florida**  
**Protected Health Information (PHI)**  
**Notice of Privacy**  
**In Accordance with the**  
**Health Insurance Portability and Accountability Act of 1996**  
**(HIPAA)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

ANGELLA ROSILLO has a legal duty to safeguard your protected health information (PHI).

ANGELLA ROSILLO is committed to protecting the privacy and security of Personal Health Information concerning our employees and clients. This policy is designed to assure ANGELLA ROSILLO's compliance with all applicable federal and state laws and regulations that require an individual's personal health information to be kept confidential and private. ANGELLA ROSILLO is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that ANGELLA ROSILLO created or received about your past, present, or future mental health or condition, the provision of mental health care to you, or the payment of this mental health care. ANGELLA ROSILLO must provide you with this Notice about its privacy practices, and such Notice must explain how, when, and why ANGELLA ROSILLO will "use" and "disclose" your PHI. A "use" of PHI occurs when ANGELLA ROSILLO shares, examines, utilizes, applies, or analyzes such information within its practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party necessary to accomplish the purpose for which the use or disclosure is made. ANGELLA ROSILLO is legally required to follow the privacy practices described in this Notice.

ANGELLA ROSILLO reserves the right to change the terms of this Notice and ANGELLA ROSILLO's privacy policies at any time. Any changes will apply to PHI on file with ANGELLA ROSILLO already. Before ANGELLA ROSILLO makes any important changes to its policies, we will promptly change this Notice and post a new copy of it in the office and on our website. You can also request a copy of this Notice from ANGELLA ROSILLO.

## **1. Use and Disclose of Your PHI**

ANGELLA ROSILLO may use and disclose your PHI for many different reasons. For some of these uses or disclosures, ANGELLA ROSILLO will need your prior authorization; for others, however, ANGELLA ROSILLO does not. Listed below are the different categories of our uses and disclosures along with examples which may occur in each category.

ANGELA ROSILLO can use and disclose your PHI without your consent for the following reasons:

### **A. For Treatment**

ANGELA ROSILLO can disclose your PHI to physicians, psychiatrists, psychologists, and other therapists who provide you with health care services or are involved in your care. For example, if you are being treated by a couple's therapist, ANGELA ROSILLO can disclose your PHI to this clinician in order to coordinate your care.

### **B. To Obtain Payment for Treatment**

ANGELA ROSILLO can use and disclose your PHI to bill and collect payment for the treatment and services provided by ANGELA ROSILLO to you.

Clients who are attempting to obtain reimbursement from their insurance company should be aware that the insurance provider might request information from ANGELA ROSILLO. Information requested by insurance companies is generally limited to diagnosis and dates of service. Some insurance companies require pre-certification and others will only authorize ongoing treatment based on medical necessity. We will not discuss your case without your prior authorization and written consent. We will review any information exchanges with you prior to the event whenever possible.

### **C. For Health Care Operations**

ANGELA ROSILLO can disclose your PHI to operate our practice. For example, ANGELA ROSILLO might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. ANGELA ROSILLO may also provide your PHI to our accountants or attorneys, to make sure we are complying with applicable laws.

### **D. Reaching Us**

Phone calls go with the territory of our work. We will always try to be available to you for emergencies. For non-emergency calls, we will contact you as soon as we can. Excessive odd hour calls are subject to fees comparable to office visits. There may be times when a message may not reach us. If a significant amount of time passes and we have not returned your call, please try reaching us again.

We understand that the demands of work or family can make it difficult to schedule appointments. We will do our best to accommodate difficult or unusual scheduling requests wherever possible. Individual sessions are typically 50 minutes in length

## **E. Change of Ownership**

In the event that ANGELA ROSILLO is sold or merged with another organization, your health information/record will become the property of the new owner.

## **F. Other Uses and Disclosures, Which Do Not Require Your Consent**

ANGELA ROSILLO can use and disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal; state or local law; judicial or administrative proceedings; or law enforcement. ANGELA ROSILLO may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding. If any health professional has reason to believe that a child, minor or dependent adult is being abused, molested, or neglected, the law mandates that we contact the appropriate authorities and file a report as soon as possible. Further, if you are using confidentiality as a means of avoiding legal punishment, privilege is waived.
2. For public health activities. For example, ANGELA ROSILLO may have to report information about you to the county coroner.
3. For health oversight activities. For example, ANGELA ROSILLO may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. For research purposes. In certain circumstances, ANGELA ROSILLO may provide PHI in order to conduct medical research.
5. To avoid harm. In order to avoid a serious threat to the health or safety of a person, yourself or the public, ANGELA ROSILLO may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm, under a mandated reporter. We are bound by the laws to contact the person(s) involved and warn them of possible danger.
6. For specific government functions. ANGELA ROSILLO may disclose PHI of military personnel and veterans in certain situations. And may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
7. For workers' compensation purposes. ANGELA ROSILLO may provide PHI in order to comply with workers' compensation laws.
8. Appointment reminders and mental health related benefits or services. ANGELA ROSILLO may use PHI to provide appointment reminders or give you information about treatment alternatives, or other mental health care services or benefits we offer.
9. ANGELA ROSILLO may also disclose your PHI to others without your consent if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

## **G. Uses and Disclosures Which Require You to Have the Opportunity to Object**

ANGELA ROSILLO may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **H. Uses and Disclosures, Which Require Your Prior Written Authorization**

In any other situation not described in sections above, ANGELA ROSILLO will ask for your authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action in reliance on such authorization) of your PHI by ANGELA ROSILLO

## **II. You Have the Following Rights with Respect to your PHI**

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that ANGELA ROSILLO limit how we use and disclose your PHI. We will consider your request, but is not legally required to accept it. If ANGELA ROSILLO accepts your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

### **A. The Right to Choose How ANGELA ROSILLO Sends PHI to You**

You have the right to ask that ANGELA ROSILLO send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail) ANGELA ROSILLO must agree to your request as long as we can easily provide the PHI to you in the format you requested.

### **B. The Right to See and Get Copies of Your PHI**

In most cases, you have the right to look at or get copies of your PHI that ANGELA ROSILLO has, but you must make the request in writing. If we do not have your PHI but know who does, we will tell you how to get it. ANGELA ROSILLO will respond to you within 30 days of receiving your written request. In certain situations, ANGELA ROSILLO may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, ANGELA ROSILLO will charge you not more than \$1.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI.

### **C. The Right to Get a List of the Disclosures ANGELA ROSILLO Has Made**

You have the right to get a list of instances in which ANGELA ROSILLO has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operation, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003.

ANGELA ROSILLO will respond to your request for an accounting of disclosures within 5 business days of receiving your request. The list ANGELA ROSILLO will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. ANGELA ROSILLO will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$25.00 fee for each additional request.

### **D. The Right to Correct or Update Your PHI**

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that ANGELA ROSILLO correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. ANGELA ROSILLO will respond within 60 days of receiving your request to correct or update your PHI. ANGELA ROSILLO may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by ANGELA ROSILLO, (iii) not allowed to be disclosed, or (iv) not part of our records. ANGELA ROSILLO's written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and ANGELA ROSILLO's denial be attached to all future disclosures of your PHI. If ANGELA ROSILLO approves your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

### **E. The Right to Get This Notice by E-mail**

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

## **III. Other Policies Regarding PHI and Treatment**

We do not provide medications. We will be glad to make a referral to an appropriate medical doctor or psychiatrist should this be requested or indicated.

Patients are required to notify their therapist of their intention to terminate therapy at least one week in advance. This will allow ANGELA ROSILLO an opportunity to discuss and provide appropriate discharge recommendations.

## **IV. How to Complain About our Privacy Practices**

If you think that ANGELA ROSILLO may have violated your privacy rights, or you disagree with a decision ANGELA ROSILLO made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. ANGELA ROSILLO will take no retaliatory action against you if you file a complaint about her privacy practices.