

Marie T. Rogers, Ph.D., PA

Licensed Psychologist

Pompano Medical & Professional Center
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Pompano Beach, Florida 33062

HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
& HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.**

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

HOW I MAY USE AND DISCLOSE YOUR PHI

I will not use or disclose your health information without your authorization, except as described in this Notice. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization, according to the procedures included in the Authorization. I will make reasonable efforts to limit such use, disclosure or request, to the minimum necessary to achieve the intended.

For treatment. I may use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with others involved in your care. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**

- **If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- **If disclosure is compelled by the patient or the patient's representative or to corresponding federal statutes of regulations,** such as the Privacy Rule that requires this Notice.
- **To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- **If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**
- **If disclosure is mandated by the Child Abuse and Neglect Reporting law.** For example, if I have a reasonable suspicion of child abuse or neglect.
- **If disclosure is mandated by the Elder/Dependent Adult Abuse Reporting law.** For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- **If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.** Example: To lessen or prevent a serious and imminent threat to the health or safety of a person or the public.
- **For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- **For health oversight activities.** Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- **For specific government functions.** Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- **For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.
- **For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.
- **Appointment reminders and health related benefits or services.** Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
- **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- **If disclosure is otherwise specifically required by law;** for example- in compliance with the Patriot Act: By law, I may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law, I cannot reveal when I have disclosed such information to the government.
- **Mental Health Bill Effective July 1, 2019** Requires a psychiatrist/mental health service providers to disclose patient communications to the extent necessary to warn law enforcement of a threat of serious bodily injury or death made by a patient or client. Requires law enforcement to notify potential victims of the threat and provides that such disclosure of confidential communications may not be the basis of legal action or any civil or criminal liability against the psychiatrist or psychologist.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Please keep in mind that obtaining your consent in such matters is customary in my practice. Retroactive consent may be obtained in emergency situations.

Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

YOUR RIGHTS REGARDING YOUR PHI

These are your rights with respect to your PHI:

1. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed.

If you ask for copies of your PHI, I will charge a reasonable, cost-based fee for copies. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

3. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

4. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

5. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

6. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

COMPLAINTS

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed below. You may also 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. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

Marie T. Rogers, Ph.D.

NOTIFICATIONS OF BREACHES

In the case of a breach, **Marie T. Rogers, Ph.D.** requires to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, **Marie T. Rogers, Ph.D.** is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. **Marie T. Rogers, Ph.D.** bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

PHI AFTER DEATH

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. **Marie T. Rogers, Ph.D.** may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

Individuals' Right to Restrict Disclosures; Right of Access

To implement the 2013 HITECH Act, the Privacy Rule is amended. **Marie T. Rogers, Ph.D.** is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.) The 2013 Amendments also adopt the proposal in the interim rule requiring **Marie T. Rogers, Ph.D.** to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that **Marie T. Rogers, Ph.D.** must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct **Marie T. Rogers, Ph.D.** to transmit an electronic copy of PHI to an entity or person designated by the you. Furthermore, the amendments restrict the fees that **Marie T. Rogers, Ph.D.** may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

NOTICE of PRIVACY PRACTICES (NPP)

MOST uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI DO require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

This HIPAA notice went into effect on September 30, 2013

Office Policies & General Information

This form provides you, the patient or legal guardian of the patient, with information that is similar to and/or additional to the Informed Consent & HIPAA

- **Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.
 - Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. Marie T. Rogers, Ph.D. is not a member of your or any insurance plan, and is not a Medicare provider. All services with Marie T. Rogers, Ph.D. are considered out-of-network. If you involve your insurance company by submitting invoices, please be aware that a diagnosis or diagnoses is/are usually included in order to process your claim. Marie T. Rogers, Ph.D. has no control over, or knowledge of, what insurance companies do with the information you submit. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality and privacy.
 - Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a patient or legal guardian of the patient presents a danger to self, to others, to property, or is gravely disabled; or when a patient or legal guardian of the patient's family members communicate to Marie T. Rogers, Ph.D. that the patient or legal guardian of the patient presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Marie T. Rogers, Ph.D. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Marie T. Rogers, Ph.D. will use her clinical judgment when revealing such information. Marie T. Rogers, Ph.D. will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult patient or legal guardian of the patient, unless required to do so by a legal proceeding.
 - Both the law and the standards of Marie T. Rogers, Ph.D. require that she keep treatment records for a specified amount of time. Please note that clinically relevant information from e-mails, texts, and faxes are part of the clinical records. If you have concerns regarding the treatment records, please discuss them with Marie T. Rogers, Ph.D. As a patient or legal guardian of the patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Marie T. Rogers, Ph.D. assesses that releasing such information might be harmful in any way.
 - If you are seeking professional help due to a lawsuit or anticipation of legal circumstances, please discuss this with Marie T. Rogers, Ph.D. and keep in mind she is not a forensic psychologist. This includes forensic & custody evaluations and treatment. If you are in need of a forensic evaluation and treatment mandated by the law, then Marie T. Rogers, Ph.D. will provide you with suitable referrals. By initiating or continuing services with Marie T. Rogers, Ph.D. you are stating that you are not seeking services that are connected to a legal or pending legal situation. Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, patient records are generally confidential and private in nature. Patients should know that serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Marie T. Rogers, Ph.D.'s disclosure of the records, she will do her best to discuss with you the risks and benefits of doing so.
- **Cancellation/No-Show:** Since the scheduling of an appointment involves the reservation of time specifically for you or your child, a minimum of 24-hours-notice is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification. In case you submit claims to your insurance company, keep in mind most insurance companies do not reimburse for missed sessions.
- **Emergency:** If there is an emergency during therapy, or in the future after termination, where Marie T. Rogers, Ph.D. becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet. Please keep in mind Marie T. Rogers, Ph.D. is a solo-practitioner and does not have a back-up team (for evenings, week-ends, and while away from the office). If you are in need of emergency

assistance, please call 911 or go to your nearest emergency room. If you need to contact Marie T. Rogers, Ph.D. between sessions, please leave a message at 954/290-0378. If you text Marie T. Rogers, Ph.D. and she is away from the office, you will not know this information via text alone and are encouraged to call 954/290-0378. If she is away, a voice mail reflecting this (and when she will return) will be on the recording.

- **Participation in Therapy:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek an evaluation and/or therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Marie T. Rogers, Ph.D. will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in treating a certain situation. As set forth above, after the first few meetings, Marie T. Rogers, Ph.D. will assess if she can be of benefit to you. Marie T. Rogers, Ph.D. does not work with patients or the legal guardian of patients who, in her opinion, she cannot help. If at any point during psychotherapy Marie T. Rogers, Ph.D. either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you referrals that may be of help to you. If you request and authorize it in writing, Marie T. Rogers, Ph.D. will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Marie T. Rogers, Ph.D. will give you referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Marie T. Rogers, Ph.D. will provide you with names of other qualified professionals whose services you might prefer.
- **SOCIAL NETWORKING:** Marie T. Rogers, Ph.D. may be found on LinkedIn, a professional networking site, and on Facebook (at Marie Therese Rogers) and accepts requests for connection on both sites. The latter is a professional Facebook account for the sole purpose of providing interesting and relevant information within her areas of specialty or within the general field of psychology. It is not for the purpose of social postings and Marie T. Rogers, Ph.D. will not play an active role on your social media. She does not accept requests for connection on social media sites from Minors unless first discussed with and agreed to by the Minor's legal guardian(s).
- **PHOTOGRAPHY, AUDIO OR VIDEO RECORDING:** Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions. Also, in order to ensure the privacy of our clients, no photographs, audio or video recordings are permitted in the waiting room and internal offices without permission.
- **E-MAILS, CELL PHONES and COMPUTERS:** It is very important to be aware that computers and unencrypted email, and texts (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have direct access to all emails and texts that go through them. If Marie T. Rogers, Ph.D. will be sending you or a member of your treatment team (or your child's treatment team) psychological records, then these records will be encrypted and password protected. If you communicate confidential or private information via unencrypted email, texts, or via phone messages, Marie T. Rogers, Ph.D. will assume that you have made an informed decision to accept the risk that accompanies such methods of communication.

If you have any questions or concerns about HIPAA or Office Policies, please do not hesitate to present these concerns to Dr. Rogers.

Thank you.

Marie T. Rogers, Ph.D., PA
Licensed Psychologist

Pompano Medical & Professional Center
50 NE 26th Avenue, Suite 400
Pompano Beach, Florida 33062



I acknowledge receipt of this HIPAA notice and I read, understand and agree to comply with the Office Policies and General Information.

Adult

Patient Name: _____

Signature _____

Date: _____

Minor

Patient Name: _____

Legal Guardian Name: _____

Signature _____

Date: _____