

BRITTANY GRANIERO



LICENSED MENTAL HEALTH COUNSELOR

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED IF NECESSARY. PLEASE REVIEW THIS CAREFULLY AS IT WILL ALSO DESCRIBE HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your personal mental and physical health information as part of providing professional care. We are also required by law to keep your information private. Below are the ways your information will be used, if necessary.

How we may use and disclose your protected health information (PHI) with your consent:

We will use the information disclosed by you mainly to provide you with individualized treatment, to arrange payment for services, and other business activities that are deemed, by law, health care operations. After you have read this notice, it is asked that you sign a consent form to let us use and share your information in these ways, as necessary. If you do not consent and sign this form, we cannot treat you. If we want to send, share, or release your information for other purposes, you will be notified, and we will discuss it. An authorization form will also need to be signed for this.

Disclosing your health information without your consent:

There are going to be some instances when the laws require us to use or share your information. Some examples include:

1. When there is a serious threat to you or another's health and safety or to the public. The sole purpose of the information that is shared is to help prevent or reduce the threatening situation.
2. If we are required to release your information for lawsuits and/or other legal or court proceedings.
3. If a law enforcement official requires your information.
4. For worker's compensation and similar benefit programs.
5. If disclosure is mandated by the Florida Child Abuse and Neglect Reporting law.
6. If disclosure is mandated by the Florida Elder/Dependent Adult Abuse Reporting law.
7. Other disclosures. For example, your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered.

Certain uses and disclosures require you to have the opportunity to object:

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you state is involved in your care in case of an emergency. However, you do have the right to object.
2. Other uses and disclosure require your prior written authorization. If a situation arises that is not outlined in this document, I must request your written consent before using or disclosing any of your information. If you chose to later revoke your consent of these individuals, it must be put in writing and discussed with the therapist.

What Rights you have regarding your protected health information (PHI):

You do have rights with respect to your PHI, which include:

1. The right to see and get copies of your PHI.
2. The right to request limits as well as disclosures of your PHI.
3. The right to choose how I send your PHI to you.
4. The right to get a list of the disclosures that I have made to others.
5. The right to amend your PHI at any time.

How to complain about privacy practices:

If you believe that your rights have been violated you are entitled to file a complaint to the Department of Health and Human Services. If you have any questions about this notice, complaints about these privacy practices, or would like to know how to file a complaint, please contact Brittany Graniero, M.S, LMHC (information provided at the beginning of this document). You will not be retaliated against if you choose to file a complaint.