



PSYCHOLOGICAL CENTER
for Expert Evaluations, Inc.

Name of Person Receiving Services: _____

DOB: _____

Date: _____

Notice of Privacy Practices

Please review the following notice of privacy practices carefully, as this privacy notice is required to be given to you by the Health Insurance Probability and Accountability Act (HIPAA) of 1996. This notice describes how psychological and medical information about you may be used and disclosed, and how you can gain access to this information.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

With your consent, the Psychological Center for Expert Evaluations, Inc. may use or disclose your *protected health information* (PHI) for treatment, payment, and health care operations purposes. The following definitions may help clarify these terms:

“PHI” refers to information in your health record that could identify you. This relates to your past, present or future physical or mental health condition.

“Treatment” is when the Psychological Center for Expert Evaluations, Inc. provides, coordinates, or manages your health care and other services related to health care. An example of treatment would be when your therapist consults with another health care provider, such as your primary care physician or another mental health provider.

A “Forensic / Psychological Evaluation or Assessment” differs from other psychological services or treatment and in most cases is intended for use in some type of legal proceeding. While the results of this evaluation may or not be helpful to you personally, the goal of this evaluation is to provide information about how you are functioning psychologically to the individual or agency requesting the evaluation.

“Use” applies only to activities within the Psychological Center for Expert Evaluations, Inc. including sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

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“Disclosure” applies to activities out of the Psychological Center for Expert Evaluations, Inc. including releasing, transferring, or providing access to information about you to other parties.

“Payment” is when the Psychological Center for Expert Evaluations, Inc. obtains reimbursement for your health care.

“Health Care Operations” are activities that relate to the performance and operation of the Psychological Center for Expert Evaluations, Inc. . Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.

Uses and Disclosures Requiring Authorization

The Psychological Center for Expert Evaluations, Inc. may use or disclose your PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is requested for purposes outside of treatment, payment and healthcare operations, an authorization will need to be obtained from you before releasing the information. Unless you are court ordered for services, an authorization will also need to be obtained before releasing your psychotherapy notes. “Psychotherapy notes” are notes made by the clinician during a private, counseling session and these notes are given a greater degree of protection than PHI.

Forensic / psychological evaluation at the request of your attorney: In most circumstances, such evaluations if arranged and paid for through your attorney’s office retain a special status of attorney-client privilege until such information is disclosed by your attorney or used for legal purposes. Such evaluations are not protected by rights established under HIPAA.

Judicial or Administrative Proceedings: If you are involved in a court proceeding (unrelated to your current case) and a request is made for your PHI, such information is considered privileged under state law and the information will not be released without written authorization from you, a court order, or your legally appointed representative. The privilege does not necessarily apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advanced if this is the case.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) the Psychological Center for Expert Evaluations, Inc. has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining compensation for services, and the law provides the reimbursing agency the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

If you are court ordered for a psychological evaluation or assessment than all information you present to the Psychological Center for Expert Evaluations, Inc. regarding these services are under the jurisdiction of the Court and may be disclosed to any or all of the individuals or organizations involved in and applicable to your case, including but not limited to the Judge, attorneys of record, the Department of Children and Families (DCF), and/or the Department of Corrections – Probation.

The Psychological Center for Expert Evaluations, Inc. may also be required to use or disclose your PHI without your consent or authorization in the following circumstances:

To report child abuse or neglect. With great respect to professional judgment, if there is reasonable cause to suspect that a child is abused, abandoned, neglected, or otherwise placed at risk of harm, than such abuse will be reported to the Florida Department of Child and Family Services.

Adult and Domestic Abuse. If there is reasonable cause to believe than an elderly person (age 60 or older) is abused or has died as a result of abuse, than such abuse will be reported to the Florida Abuse Hotline.

Serious Threat to the Health or Safety of Others: If you communicate an explicit threat to kill or inflict serious bodily injury upon a person and are believed to have the intent and ability to carry out the threat, than reasonable precautions must be taken to prevent such harm. This may include warning the potential victim, notifying the law enforcement authorities, and/or arranging for your hospitalization. We may also do so if we know you have a history of physical violence and believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person.

Serious Threat to your Health or Safety: If you present a clear and present danger to yourself, refuse to accept further appropriate treatment, and there is a reasonable basis to believe that you can be committed to a hospital, than precautions must be taken to prevent such harm. This may include involuntary commitment under the Baker Act. This may also include the involvement of Law Enforcement and/or contacting members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, the Psychological Center for Expert Evaluations, Inc. must, upon request of your employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your PHI to those persons.

Complaints to the Florida Department of Health: If a complaint is filed with the Florida Department of Health against the Psychological Center for Expert Evaluations, Inc. than the

Department has the authority to subpoena your PHI relevant to that complaint. Furthermore, the Psychological Center for Expert Evaluations, Inc. may use and disclose your PHI, including *psychotherapy notes*, without your consent or subpoena, for use in any legal proceedings or preparation of such proceedings, including but not limited to attorneys and other clinical or potential consultants if you or your legal representative file a complaint, lawsuit or other judicial action against us.

The Psychological Center for Expert Evaluations, Inc. may use and disclose your PHI when properly requested by Law Enforcement Officials.

The Psychological Center for Expert Evaluations, Inc. may also disclose your PHI in order to seek collection of an outstanding balance and this may involve, although not limited to, legal services, collection agencies or legal authorities.

Unless you notify us otherwise, the Psychological Center for Expert Evaluations, Inc. may leave messages on the phone number(s) you provided with information regarding appointment reminders, scheduling, and payment information. If you have a specific request regarding how we may contact you, please submit this in writing to the Psychological Center for Expert Evaluations, Inc. including the phone number(s) where you wish to be contacted in order for us to cancel, reschedule or remind you of an appointment.

Patient's Rights

Right to request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI although the Psychological Center for Expert Evaluations, Inc. is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means at Alternative Locations: You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations upon your written request.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of your PHI, but not psychotherapy notes. If you would like a copy of your PHI or would like to inspect them, you must submit a written request and you may be charged a fee for any administrative costs incurred in this procedure. However, recipients of forensic services are not afforded the same right of access and honoring requests to inspect, copy, and amend their record is discretionary. The Psychological Center for Expert Evaluations, Inc. may deny your request to access, inspect or copy your PHI if, with great respect to professional judgment, this may be harmful and/or endanger your life or another person.

Right to Amend: You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. Your request may be denied although the reason for the denial will be discussed with you.

Right to an Accounting: You generally have the right to receive an accounting of disclosures for your PHI for which you have neither provided consent nor authorization. Your request must be submitted in writing.

Right to a Paper Copy: You have the right to obtain a paper copy of this notice upon request.

Professional Duties

The Psychological Center for Expert Evaluations, Inc. is required by law to maintain the privacy of your PHI and provide you with this notice of our legal duties and privacy practices. The Psychological Center for Expert Evaluations, Inc. reserves the right to change the terms of this notice. If this were to occur, you will receive a copy of the revised edition.

Complaints

In the event you wish to air a complaint regarding the Psychological Center for Expert Evaluations, Inc. and/or your privacy rights in any way, you have the right to do so by submitting your complaint in writing. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services or the Florida Department of Professional Regulation.

I certify that I have read and understand the above. I acknowledge that my questions, if any, regarding the information set forth in this document have been answered to my satisfaction and that I have been offered a copy of this document.

Client

Date

Legal Guardian or Personal Representative

Date

Witness

Date