



Privacy Policy

Morgan Center for Counseling and Wellbeing
2499 Glades Road, Suite 101
Boca Raton, FL 33431

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal and private. I am committed to protecting health information about you – it is a cornerstone of the trust between a client and psychotherapist. In fact, that is one reason that Florida law provides a privilege for communications between a client and a psychotherapist. I maintain physical and electronic safeguards to protect your health information.

This notice applies to all of the records of your care generated by this psychotherapy practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. The primary records I keep regarding your professional relationship with this practice are records about the care and services you receive from me. I need these records to provide you with quality care and to comply with certain legal requirements.

Morgan Center has developed privacy policies and practices as follows:

- Makes sure that confidential health information that identifies you is kept private.
- Gives you this notice of privacy practices with respect to health information.
- Follows the terms of the notice that is currently in effect.
- May change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I may use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Health Care Operations: I will not disclose your confidential health information to another provider without your prior written consent. However, I may consult with another licensed health care provider about your condition, but I will not disclose your name or specific identifying information, in order to assist in your diagnosis and treatment.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose confidential health information in response to a valid court order or subpoena. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. I will, however, make every effort to notify you if I receive a subpoena or court order so that you may have an opportunity to object to the production of any documents or information in response to it.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep psychotherapy notes, and I **will not** disclose such notes without your authorization. However, I may utilize or disclose the notes as permitted under applicable law in circumstances described in Section IV below.



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2. Marketing Purposes. As a psychotherapist, I **will not** use or disclose your confidential health information for marketing purposes.
3. Sale of Your Information. As a psychotherapist, I **will not** sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your confidential health information without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits of my practice by authorized parties, such as state oversight boards.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although I will make every effort to notify you upon receipt of such court order or a subpoena so that you may take appropriate actions to resist such order or subpoena to the full extent of the law.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. For workers' compensation purposes, to comply with workers' compensation law. However, if your confidential health information is requested under such a provision, I will make every effort to provide you with notice so that you may have an opportunity to resist such request to the full extent of the law.
9. Appointment reminders and health related benefits or services. I may use and disclose your confidential health information to contact you to remind you that you have an appointment with me. I may also use and disclose your confidential health information to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT. Disclosures to family, friends, or others. I may provide your confidential health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR CONFIDENTIAL HEALTH INFORMATION:

1. The Right to Request Limits on Uses and Disclosures of Your Confidential Health Information. You have the right to ask me not to use or disclose certain confidential health information for treatment or health care operations purposes. If you make such a request, I will accommodate it if I can do so without impacting your health care or my professional obligations or requirements to comply with the law.
2. The Right to Choose How I Send your Confidential Health Information to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
3. The Right to See and Get Copies of Your Confidential Health Information. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
4. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your confidential health information for purposes other than treatment or health care operations, or for which you provided me with authorization. I will respond to your request for an



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accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

5. The Right to Correct or Update Your Confidential Health Information. If you believe that there is a mistake in your confidential health information, or that a piece of important information is missing from your confidential health information, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE - This notice went into effect on September 13, 2016.

Acknowledgement of Receipt of Privacy Notice

You have certain rights regarding the use and disclosure of your confidential health information. By signing below, you are acknowledging that you have received a copy of Morgan Center’s Notice of Privacy Practices.

Client’s Name (or Parent/Guardian if minor)

Signature of Client, Parent or Guardian

Date

Rev 9/2016