



Notice of HIPAA Privacy Policy (Client Copy)

Tel: (239) 231-3208 ~ www.MonarchWellness.net

Confidentiality

Monarch Therapy LLC dba Monarch Wellness is committed to protecting medical information about you. No information is released without your knowledge and written consent except for those rare instance where therapists are required by law or by court to reveal particular information. In an emergency situation where clients demonstrate a high probability of harming themselves or others, the staff may be required to release information to ensure safety. We are also mandated reporters of suspected abuse or neglect of minors, disabled, and elderly individuals, as described further below. This notice describes how medical information about you or your child may be used and disclosed by Monarch Wellness and how you can get access to this information. Please review this notice carefully.

Understanding Your Protected Health Information (PHI)

When you visit us, a record is made of you/your child's issues, assessment, recommendations, treatment plan, and other mental health or medical information. Your record is the physical property of Monarch Wellness; the information which is within, belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Florida law.

Your mental health and/or medical records serve as:

- A basis for planning your counseling
- A legal document describing the counseling care you receive
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Responsibilities of Monarch Wellness

We are required to:

- Maintain the privacy of your protected health information (PHI) as required by law and provide you with notice of our legal duties and privacy practices with respect to the protected health information that we collect and maintain about you. This also applies to you and any other member of your family that participates in the counseling process aimed to help you/your child.
- Abide by the terms of this notice currently in effect. We have the right to change our notice of privacy practices and to make the new provisions effective for all protected health information that we maintain, including that obtained prior to the change. Should our information practices change, we will post new changes in the office, on the website, and provide you with a copy.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests to communicate with you about protected health information by alternative means. For example, you may not want a family member to know that you are participating in counseling. Upon your request, we will communicate with you, if needed, at a different time or via other means of communication.
- Use or disclose your health information only with your authorization except as described in this notice.

Your Protected Health Information (PHI) Rights

You have the right to:

- Review and obtain a paper copy of the notice of information practices upon request and of your health information, except that you are not entitled to access, or to obtain a copy of your medical records upon written request.
- Request and provide written authorization and permission to release information for purposes of outside treatment and health care operations. This authorization excludes psychotherapy notes and any audio/video tapes that may have been made with your permission.
- Revoke your authorization in writing at any time to use, disclose, or restrict health information except to the extent that action has already been taken.
- Request a restriction on certain uses and disclosures of protected health information, but we are not required to agree to the restriction request. You should address your restriction request in writing to your therapist at Monarch Wellness. We will notify you within 10 days if we cannot agree to the restriction.
- Request that we amend your health information by submitting a written request with the reasons supporting the request to your therapist. We are not required to agree to the requested amendment.
- Request confidential communications of your health information by alternative means, such as only at home or only by mail.

Disclosures for Treatment and Health Operations

I. Monarch Wellness will use your PHI, *with your consent*, in the following circumstances:

- **Counseling:** Information obtained by your therapist will be recorded in your record and used to determine the management and coordination of services that will be provided for you. This also applies to family counseling, group therapy, and behavior analysis.
- **Disclosure to others outside Monarch Wellness:** If you give us a written authorization; you may revoke it in writing at any time but that

revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information without your authorization, except (as described below) to report serious threat to health or safety or child and adult abuse or neglect.

- **To you or legal guardian:** Upon your request, we will disclose your health information to you. If you authorize us to do so, we may use your or your health information or disclose it to the person or entity you name on your signed authorization. Once you provide us with an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. In certain situations, when disclosure of your or your child's information could be harmful for you or another person, we may limit the information available to you, or use an alternative means of meeting your request.
- **Your family and friends:** If you are unable to consent to the disclosure of your or your child's health information, such as in a medical emergency, we may disclose your or your child's personal information to a family member or friend to the extent necessary to help with your or your child's health care. We will only do so if we determine that the disclosure is in you/your child's best interest.
- **For health care operations:** Your therapist may use information in your health record to assess the performance of operations of our services (e.g. sending a satisfaction follow up survey). This information will then be used in an effort to continually improve the quality and effectiveness of the mental health care and services we provide.
- **Provision of care and Supervision:** If your provider is a Registered Clinical Social Work, Marriage and Family Therapy, or Mental Health Counseling Intern, or Board Certified Assistant Behavior Analyst, your information may be discussed during supervision for the purpose of providing the most effective treatment, with every effort to maintain confidentiality of identifying information. Minimally necessary information may also be disclosed to the Monarch Wellness treatment team with the same purpose to provide the most effective care.
- **Research:** We may disclose health information to researchers when necessary for purposes of evaluating our programs or learning more about the problems our clients face. Established protocols will be followed to ensure the privacy of your health information.

II. Monarch Wellness. will use your PHI, *without your consent or authorization*, in the following circumstances:

- **Child Abuse or Neglect:** If we have reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or have reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we must report this to the relevant county department, child welfare agency, police, or sheriff's department.
- **Adult and Domestic Abuse:** If we believe that an elder or disabled person is the victim of abuse, neglect, or domestic violence or the possible victim of other crimes, we may report such information to the relevant county department or state official.
- **Serious Threat to Health or Safety:** If we have reason to believe, exercising best judgment and our professional care and skill, that you may cause harm to yourself or another person, we may take steps, without your consent to notify the relevant police or sheriff's department to ensure safety.
- **To your parents, if you are a minor:** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of Florida and will make disclosures consistent with such laws.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your counseling treatment and the records thereof, such information is privileged under state law and we will not release the information without written authorization from you or your personal or legally-appointed representative, or a subpoena/court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered.
- **As required by law for national security and law enforcement:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or crime investigation.
- **Law/Health Oversight:** As required by law, we may disclose your health information to governmental and/or licensing agencies. For example, if the Florida Department of Regulation and Licensing requests that we release records to them in order for the Examining Board to investigate a complaint against a provider, we must comply with such a request.
- **Marketing:** We may contact you to provide appointment reminders or information about counseling alternatives or other health-related benefits and services that may be of interest to you. We may also contact you to provide information about Monarch Wellness sponsored activities and events. We would only use contact information, such as your name, address, and phone number.
- **Worker's Compensation:** We may disclose health information to the extent authorized by you and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law; we may be required to testify.
- **As required by law for purposes of public health:** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, as required by law.

For more information or to report a problem

- If you would like to make a request to amend or restrict the use or disclosure of your health information, or if you have questions or would like additional information, contact your therapist.
- If you are concerned that your privacy rights have been violated or if you disagree with a decision we have made about access to your health information, present your concerns in writing to the attention of your therapist and/or the owner and a meeting will be arranged to resolve the matter. If you have continued concerns or the matter is unresolved, you may file a complaint with the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, through the Department of Health, or the Behavior Analyst Certification Board. Monarch Wellness respects your right to the privacy of your health information. You will not be penalized for filing a complaint.

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