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## NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices per regulations issued by the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice will also describe your rights and certain obligations I have regarding the use and disclosure of your health information.

### **OUR COMMITMENT TO YOUR PRIVACY**

Krueger Integrative Psychological Services is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private.

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

### **DEFINITIONS**

Below are definitions to assist you as you review this form. For further definitions and explanation of terminology, please visit: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>.

**Protected Health Information** is often referred to as (PHI) and is any information in a medical record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such as a diagnosis or treatment.

**To Disclose** refers to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

**Use** applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

**Health care operations** are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

**Treatment** generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

**Payment** encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

### **GENERAL RULES**

We respect our legal obligation to keep private any confidential information that identifies you. We are obligated by law to give you notice of our privacy practices. In some limited situations, the law allows or requires us to disclose your confidential information without either a written consent or authorization. Generally, we cannot use your confidential information outside of our office without your written permission. The written permission form utilized within our practice is entitled **Authorization for Use or Disclosure of Protected Health Information**.

### **HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We may use or disclose your protected health information (PHI) for treatment and health care operations purposes without your consent. We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment. Individuals have the right to request restrictions on how a covered entity will use and disclose protected health information about them for treatment, payment, and health

care operations. Krueger Integrative Psychological Services is not required to agree to an individual's request for a restriction, but is bound by any restrictions to which it agrees.

We will use the information we collect about you mainly to provide you with treatment, to arrange payment for our services, and for some other business activities that are called, in the law, health care operations. After you have read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Individuals have the right to request restrictions on how a covered entity will use and disclose protected health information about them for treatment, payment, and health care operations. A covered entity is not required to agree to an individual's request for a restriction, but is bound by any restrictions to which it agrees.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **YOUR RIGHTS**

#### **You have the right to get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- All record requests should be made clearly in writing and we will provide a copy or a summary of your health information within 30 days of your request.
- You may be denied access to your medical records in certain circumstances.
- If we refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional.
- You have the right to appeal a denial of review of your PHI.
- You also have the right to request that a copy of your file be made available to other health care providers.
- If you are under 18 years of age, please be aware that the law provides your parents the right to examine your treatment records

Professional records, can at times be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with your provider and have them forwarded to another mental health professional to discuss the contents. There is a fee of .10 per sheet for printing of records.

#### **You have the right to ask us to correct your medical record:**

- You can ask us to correct health information in your records if you feel it is inaccurate or incomplete.
- The request must be submitted in writing and we will respond with our decision within 30 days.
- We reserve the right to deny your request, however, if we do, we will share with you why the request has been denied.

#### **You have the right to request confidential communications:**

- You have the right to request and receive confidential communications of PHI by alternative means (electronic) and at alternative locations. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will do our best to honor all reasonable requests.
- Unless you notify us otherwise, we may leave messages on the telephone numbers on file. If you utilize an answering machine we may leave messages regarding contacting our office regarding scheduling, or regarding personal or third party payment.
- If a family member calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments.
- Family members, other relatives, close personal friends, or any other person you identify as participating in your care, may receive minimal necessary health information which is relevant to that person's involvement in your care or in payment for such care.

**You have the right to ask us to limit what we use or share:**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny the request if it would affect your care.
- If you pay out-of-pocket for a 100% of your services or health care treatment, you can ask us not to share treatment information for the purpose of payment with your health insurer. We will agree to this request unless otherwise required by law.

**You have a right to get a list of those with whom we have shared information:**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide one accounting every 12 months, for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**You have a right to get a copy of this privacy notice:**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy the next time you are in the office or can send it to you via email. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the front desk or your treating provider.

**You have the right to ask someone to act on your behalf:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**You have the right to be informed immediately if a confidentiality breach occurs:**

- You have a right to be notified if: (a) there is a confidentiality breach (abuse or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised.

**You have the right to file a complaint if you feel your rights are violated:**

- See Questions and Complaints section below for full details on how to file a complaint.

**YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share:**

- If you have a clear preference for how we share your information in the situations described within this notice, please let us know.
- You have the right and choice to tell us to how you would like to include or refuse to share your information with your family, close friends, and/or others involved in your care.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. In order to prevent us from choosing, please let us know whom you would like us to share your medical information in the event of an emergency.

**Your diagnosis and relevant treatment information:**

- Your diagnosis and relevant treatment information, symptoms complaints, treatments session details, and information about your treatment progress are maintained in "Progress Notes." This is how we document your care. **By signing this document, you allow us to provide this information to third- party payers (i.e. insurance) and/or to those other situations which you have given specific and written informed consent.**

**Sharing of Psychotherapy Notes:**

- It is standard practice for mental health providers to take notes during and/or after treatment sessions; these are referred to as psychotherapy notes. Psychotherapy notes are for the use of the provider and designed to assist in providing you with the best treatment. These notes are kept separate from your Clinical Record and are not routinely released to you or others with your Clinical Record; except in rare legal

circumstances as regulated by Florida law. It is the practice of Krueger Integrative Psychological Services to not share or release psychotherapy notes except in instances required by Florida or Federal Law.

**For purposes outside of Treatment, Payment, and Operations:**

- We may ask to use or disclose PHI for purposes outside of treatment, payment, and health care operations only if your appropriate written authorization is obtained. An example of this would be, marketing purposes for which you have the right to consent or prohibit Krueger Integrative Psychological Services from including you. You would be notified for request in the event this pertains to your personally identifiable information.

**Right to revoke any and all previously given authorizations:**

- You may revoke any previously given authorizations at any time, provided each revocation is in writing.
- You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

**DISCLOSING YOUR HEALTH INFORMATION WHERE NEITHER YOUR CONSENT OR AUTHORIZATION IS REQUIRED**

Use and disclosure without consent or authorization may occur when allowed under other sections of Section 164.512 of the HHS Privacy Rule regulations and Florida's laws and regulations regarding confidentiality. This includes but is not limited to certain narrowly-defined disclosures such as:

- (1) When there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society the licensed provider is obligated by law to communicate the information to the potential victim(s), appropriate family member, or law enforcement or other appropriate authorities.
- (2) There is no patient-psychotherapist privilege for communications relevant to an issue in proceedings to compel hospitalization of a patient for mental illness, if the psychotherapist in the course of diagnosis or treatment has reasonable cause to believe the patient is in need of hospitalization.
- (3) If we know or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, a person responsible for the child's welfare, a stranger, or a juvenile sexual offender shall report such knowledge or suspicion to the central abuse hotline
- (4) If we know or have reasonable cause to suspect, that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the central abuse hotline
- (5) If we know or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited we shall immediately report such knowledge or suspicion to the central abuse hotline
- (6) When the person licensed is a party defendant to a civil, criminal, or disciplinary action arising from a complaint filed by the patient or patient, in which case the waiver shall be limited to that action. This means if you file a complaint or lawsuit against Krueger Integrative Psychological Services, it may be necessary to disclose relevant information about you for our defense.
- (7) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred.
- (8) Licensed health care providers are allowed disclosure information regarding HIV Status to Sexual Partner or Needle Sharer
- (9) There is no patient-psychotherapist privilege for communications made in the course of a court-ordered examination of the mental or emotional condition of the patient. You will be informed in advance if this is the case.
- (10) There is no patient-psychotherapist privilege for communications relevant to an issue of the mental or emotional condition of the patient in any proceeding in which the patient relies upon the condition as an element of his or her claim or defense or, after the patient's death, in any proceeding in which any party relies upon the condition as an element of the party's claim or defense.
- (11) If you authorize your insurance plan to be used for services, some information may be shared for billing purposes and for evaluations to justify services and billing. If you are using insurance as the primary form of payment, your insurance company will require information regarding your case: the diagnosis, course of treatment, and prognosis, and in some cases the actual case notes.
- (12) If you work for a Federal Agency or are, or will be seeking a security clearance.
- (13) As required by law including laws that require the reporting of certain types of wounds, physical injuries, or suspicious death.
- (14) Release to a coroner or medical examiner, for public health purposes relating to preventing or controlling disease, injury, or disability.
- (15) For law enforcement purposes and special governmental functions only as required by Federal, State and Local law.
- (16) We may disclose information pertaining to the safety to practice to the Florida Department of Health for health care professionals if we have reasonable reason to believe public safety is endangered or where there would be a statutory duty to report.
- (17) Criminal prosecutions if court ordered by a judge; in accordance with state and federal law.
- (18) Child custody cases if court ordered by a judge; in accordance with state and federal law
- (19) If a government agency is requesting the information for health oversight activities, we may be required to provide it to them.
- (20) If Krueger Integrative Psychological Services is being compensated for providing treatment to you as a result of your having filed a worker's compensation claim upon appropriate request, we will provide information necessary for utilization review purposes.
- (21) We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment.

Please note that we gave our best effort to provide you with a thorough list of “uses and disclosures for which an authorization or opportunity to agree or object is not required by law,” however for a comprehensive list and further detail please visit: <http://www.hipaasurvivalguide.com/hipaa-regulations/164-512.php>.

#### **QUESTIONS AND COMPLAINTS**

- If you have questions about this notice or disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact the Owner and Director of Krueger Integrative Psychological Services, Tonice Krueger, PsyD, LP at 850-842-2424.
- If you and believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Tonice Krueger, PsyD, LP @ [tkrueger@kruegerwellness.com](mailto:tkrueger@kruegerwellness.com).
- You may also send a written complaint to the Secretary of the Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201, [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or by calling 1-800-368-1019, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. The person mentioned above can provide you with the appropriated address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, KruegerWellness.com. **Additionally**, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please feel free to contact us.

#### **PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**PLEASE CREATE AN ESIGNATURE BELOW AND SIGN THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT.**

**BY SIGNING BELOW YOU ARE STATING:** “I hereby acknowledge receiving a copy of the Notice of Privacy Practices from Krueger Integrative Psychological Services. I understand that Krueger Integrative Psychological Services may change the terms of this notice and the changes will apply to all information they have about me. The new notice will be available upon request, in the office, and on their website, KruegerWellness.com. **Additionally**, I understand that I may have other rights that are granted to me by the state of Florida and these may be the same as or different from the rights described above. I understand that I can discuss these situations with my provider if they were to arise. If I have any questions regarding this notice or our health information privacy policies, I can speak with my provider or the Owner and Director of Krueger Integrative Psychological Services, Tonice Krueger, Psy.D., L.P., or I can submit a written complaint to U.S. Department of Health and Human Services at the location provided to me above. **I am providing written consent of my own free will.”**

Effective date of this notice is **August 1, 2019**