

## *Complaints*

Please contact the clinic if you have any complaints or questions regarding these procedures. We will get back to you in a timely manner.

You may also submit a complaint to the U.S. Dept. of Health and Human Services. If you file a complaint we will not retaliate in any way.

Direct all correspondence to:  
Kirsten Skovmand-Wilson, PhD.

Counseling and Behavioral Solutions, Inc.  
102 W. Dixie Ave.  
Leesburg, FL 34748  
Office # 352-323-8872  
Fax # 352-801-7376

## **Notice of Privacy Practices/HIPPA**



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Behavioral Solutions,  
Inc.*

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Fax: 352-801-7376

## *Privacy Rights*

**Our Legal Duties** We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy records. The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. State and Federal laws require that we keep your medical records private. We abide by these policies until replaced or revised.

## *Disclosure of Information*

Information about you may be used by the personnel associated with this office for diagnosis, treatment planning, treatment, continuity of care, and billing.

We may disclose health information to health care providers who provide you with treatment, such as doctors, nurses, or mental health professionals. Or business associates affiliated with this clinic such as billing, quality enhancement, trainings, audits, and accreditation.

We will contact you with appointment reminders, the office name or specific counselor name will be given. So upon your initial visit we will need to know that we have permission to contact you by phone/mail.

## *Our Responsibilities*

When the client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities.

If the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make

reasonable attempts to notify the family of the client.

**Public Safety:** Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

**Abuse:** The health care professional is required to report safety information to the appropriate social service and/or legal authorities if the following occurs:

- If the client states or suggests that he or she has, is, or will be abusing a child or vulnerable adult.
- If the client is a victim of abuse, neglect, violence or a crime victim, and their safety appears to be at risk,

**Prenatal Exposure to Controlled Substances:** Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**In the Event of a Client's Death:** the spouse or parent of a deceased client have a right to access their child's or spouse's records.

**Third party payers:** Insurance companies, managed care companies, or other third party payers may request and be given the following information: date/times of sessions, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

**Administrative Proceedings:** Health care professionals are required to release records of clients when a court order has been placed.

**Minor/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**Other Provisions:** When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized.

## *Your Rights*

Right to view or receive your medical files, based on office policies and procedures. Records for non-emancipated minors must be requested by their custodial parent or legal guardian. The request must be in writing with an original signature and a fee of .25 cents per page, plus postage will apply.

Changes to your medical information must be requested in writing. Your request will be reviewed based on office policies and procedures. However, if the request is denied your statement of disagreement will be placed in your file.

You can request to know what information in your records has been provided and to whom.

Request in writing, that we limit, or restrict how we use or share medical information about you or your child. However, we may not be able to comply with all request.

Counseling notes will not be released without prior authorization from client.