

### Telephone Voice Mail/Answering Machines:

In my office, I am the one who retrieves telephone messages. If you ask for a return call related to appointments or another question, you are authorizing me to leave that information on your voice mail or answering machine, or to the person taking the message, and you are responsible for protecting your confidentiality. As mentioned below, you may request restrictions on how and to whom that information is delivered.

### E) YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION:

You have the following rights regarding the **PHI** I maintain about you. To exercise any of these rights, please submit your request in writing to me, **Dawn Liphrott, LCSW, Tel: 407-740-7763**. In the unlikely circumstance that I deny the request (based on revealing another person's information or on possible harm to you or someone else), you have the right to have the denial reviewed by another professional.

#### • Right of Access to Inspect and Receive Copy

You have the right, which may be restricted only in certain circumstances, to inspect and copy your **PHI**. Again, if you are attending counseling with another person, you may not access the information without their authorization. You may request a written summary of the information that pertains only to you without the other person's authorization. My separate *Psychotherapy Notes* may not be inspected or copied. We may charge a reasonable, cost-based fee for copies or to prepare a written summary.

#### • Right to Amend

If you feel that the **PHI** we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. You must provide a reason that supports your request. In addition, I may deny your request to amend information that:

- was not created by me
- is not part of the information which you would be permitted to inspect or copy.
- the current information is accurate and complete.

#### • Right to an Accounting of Disclosures

You have the right to request an accounting of certain of the disclosures that we make of your **PHI**. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

#### • Right to Request Restrictions or Revoke Permissions

You have the right to request a restriction or limitation on the use or disclosure of your **PHI** for counseling services, payment, or health care operations. You also have the right to revoke or change previous authorizations. I cannot take back any release I have already made with your permission, but you can request revocation or restriction for future use.

#### • Right to Request Confidential Communication

You have the right to request that we communicate with you about counseling matters in a certain way or at a certain location.

#### • Right to a Copy of this Notice

You have the right to request a copy of this notice. You may also obtain a copy of the current notice on my website at **www.relationshipjourney.com** (Usually the form is found in the Office section, Client Forms.)

### F) COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me, **Dawn Liphrott, LCSW**, and/or with the regional office of the **Office of Civil Rights** at U.S. Department of Health & Human Services, 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323. For help in filing the complaint, you can call toll free 1-800-368-1019. You will not be penalized or retaliated against for making a complaint.

The effective date of this Notice is **August 1, 2008**

Dawn J. Liphrott, LCSW  
The Relationship Learning Ctr.  
1177 Louisiana Avenue, Suite 109  
Winter Park, Florida 32789

**Telephone & Fax: 407-740-7763**  
**Website: www.relationshipjourney.com**



*Success  
Together*

**DAWN J. LIPTHROTT, LCSW**  
**The Relationship Learning Center**

# NOTICE OF PRIVACY PRACTICES

Effective Date: **August 1, 2008**

***This Notice describes how counseling and medical information about you may be used and released and how you can gain access to this information and exercise your rights. PLEASE REVIEW IT CAREFULLY.***

If you have any questions about this notice, please contact me, **Dawn Liphrott, LCSW**.

Because information about your counseling or health is personal and confidential, I am committed to protecting your counseling information. Florida Law also requires confidentiality, except in cases listed in a later section of this Notice or to comply with federal law. I create a basic record for the care and services you receive at my office that includes information about you that may identify you and that relates to your past, present or future physical, mental health or life condition and related counseling or health care services. This record is your **Protected Health Information (PHI)**. I need this to help provide you with quality care and to comply with certain legal requirements. Federal and state laws that protect your information. Any staff I may have are also required to follow these privacy practices. This *Notice of Privacy Practices* describes how I may use and possibly release your Personal Health Information in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your **PHI**.

By law I am required to:

- make sure that counseling information that identifies you is kept private.
- give you this Notice that describes my legal duties

and privacy practices with respect your PHI.

- follow the terms of my *Notice of Privacy Practices* that is currently in effect.

I reserve the right to change the terms of this *Notice of Privacy Practices* at any time. Any new *Notice of Privacy Practices* will be effective for all **PHI** records that I maintain at that time. A copy of the Notice in effect can be found on my website, [www.relationshipjourney.com](http://www.relationshipjourney.com). The section on Office information will contain the Notice. In addition, you can request that I send you a copy or give you one at your next appointment.

In addition to the **PHI**, I keep a separate file with *Psychotherapy Notes* which are for my own use and which usually contain main points of sessions, assignments, e-mails to or from you, thoughts I have about the session or ideas of an approach I want to take, etc. These have additional protection by law.

#### A) HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

##### 1. COUNSELING SERVICES:

- **Coordinating Counseling Services:**

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing counseling and related services. If you are seeing another therapist, or if I refer you to another therapist or other services, I will have you sign a Authorization to Release Information if I think it is necessary or helpful to share any of your **PHI**. You would also need to sign a release with the other therapist or program to release information to me. If the information involves you and a spouse, partner or other person with you in counseling, BOTH people must authorize the release, or I will prepare a brief summary related only to your individual information.

- **Assignments, Information Related to our Work Together, Appointments & Notices of Programs:**

As part of providing counseling, coaching or other related services, I may release identifying information to make or change appointments with you, and any person you may attend counseling with. I may also send assignments, resources or summaries of a session, or upcoming programs from time to time. You can restrict how and where you want to receive that

information (by specific telephone, e-mail, etc.) and specify any information you do NOT want to receive.

##### 2. COUNSELING OFFICE OPERATIONS

I may disclose your PHI to facilitate the quality and efficient operation of my practice. For example, I may hire a consultant to help improve quality, or to make sure that I am in compliance with applicable laws.

##### 3. PAYMENT

I do not take insurance and so do not normally send any of your information to any 3rd party payor unless you or your partner make a specific request for a receipt. However, if you submit a claim to insurance for reimbursement for counseling, or arrange for a family member or other person who is paying part or all of your charges with my office, sometimes I am contacted for additional information. I will release the minimum amount needed to process the transaction.

If you ask me for receipts for insurance or to fax receipts directly to an insurance company, or arrange for another person to pay, your request will be considered authorization for me to provide that information and any additional information needed to process payment. If your insurance company or other payor requires extensive information, I will have you sign a Release of Information before providing that information. Because insurance companies usually require a diagnosis of a mental disorder, that information is included on the receipt, if you qualify for a diagnosis.

If it becomes necessary to use collection services due to lack of payment for services, bad checks or credit cards, I will only disclose the minimum amount of information necessary for purposes of collection.

##### 4. DISCLOSURES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS:

These could include audits to determine compliance with the Privacy Rule or other rules and laws, including those listed in the next section.

##### B) RELEASE OF INFORMATION WITHOUT YOUR AUTHORIZATION:

Applicable law and ethical standards permit, and sometimes REQUIRE me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child or elder abuse, neglect or exploitation.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Required by Court Order. (If I receive a subpoena from an attorney, my customary practice is to explain that I need a release from the client(s) or a court order. I also attempt to notify you that I have received a subpoena.)
- Mandatory government agency audits or investigations (such as the social work licensing board or a federal compliance audit)

##### C) RELEASE OF INFORMATION WITH YOUR AUTHORIZATION:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time.

##### D) PRIVACY AND METHODS OF CONTACT:

###### **E-Mail:**

Correspondence with you by e-mail cannot be guaranteed to be secure. Therefore, you need to take precautions to safeguard your e-mail on your end. If you write an e-mail to me, I will usually reply to the address from which it was sent. I do not encrypt e-mail. I am the only one that reads the e-mail sent to my address, [dawn@relationshipjourney.com](mailto:dawn@relationshipjourney.com). Relevant e-mails may become part of your PHI record in my office. I will ask you in the first or second session if it is permissible to send you personal e-mail about your counseling. If at some point, you want to change that authorization, you need to inform me immediately. If YOU encrypt e-mail, please inform me so that I can print hard copies of any relevant e-mails for your record due to the fact that encrypted e-mails become unreadable if saved on disk.

Please be advised that using work e-mail address may allow your employer to read your e-mail. Therefore, you should use personal e-mail for any correspondence.