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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Protected health information (PHI) is the information I create and obtain when I provide psychological services to you. Such information may include your reason for seeking treatment, assessment results, diagnosis, treatment plan, and notes from your psychotherapy sessions. PHI also includes billing documents for those services.

With your consent, I, Steven D. Graham, Ph.D., D.Min., am permitted by federal privacy laws to use and disclose your health information for purposes of treatment, payment, and health care operations. I use your PHI for treatment purposes when I review notes about your last counseling session prior to your next session.

Your Health Information Rights

The health record and billing records I maintain are the physical property of this office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to my office. I am not required to grant the request, but will try to comply with any such request.
- Obtain a paper copy of this Notice of Privacy Practices by making a request at my office.
- Inspect and receive a copy of your health record and billing record by written request.
- Appeal a denial of access to your PHI (in most circumstances).
- Amend your health care record when that record is incorrect or incomplete. Here also, I would need a written request.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your PHI.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by submitting a written request. The accounting will not include internal uses of information for treatment, payment, health care operations, or disclosures made to you or made at your request.
- Request in writing that communication of your health information be made by alternative means or at another location.
- Revoke in writing any authorizations that you made previously to use or disclose information except to the extent information or action has already been taken.
- Review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

My Responsibilities

I am required to:

- Maintain the privacy of your health information as required by law.
- Provide you with this notice that explains how I protect your information.

- Abide by the terms of this Notice.
- Notify you if I cannot accommodate a restriction or any other request you make.
- Accommodate your reasonable requests regarding methods to provide your health information.

I reserve the right amend/eliminate provisions in our privacy and access practices, and to enact new provisions regarding the PHI. Anytime my practices change, I will amend our Notice to reflect those changes.

To Request Information or File a Complaint

If you want to file a complaint or report a violation of the privacy of your PHI, please notify me in writing. You may contact the Florida Secretary of Health and Human Services (HHS). I cannot, and will not, require you to waive the right to file a complaint with the HHS as a condition of receiving treatment from my office. I cannot, and will not, retaliate against you for filing a complaint with the Secretary.

When Will I Disclose your PHI?

I will only release, or disclose, your PHI to any person or organization if you give me written authorization to do so. By law, however, I must report to legal authorities if I suspect abuse of children, elderly persons, or disabled persons. Such a report would only disclose that you are receiving my services. Also, by law, I *may* disclose appropriate portions of your PHI if you are receiving services under worker's compensation, if you are a danger to yourself or others, or if I am legally compelled by a court order or similar judicial action. In these cases, my practice will be to secure written authorization from you unless doing so is dangerous or would cause you harm. You may revoke any written authorization you have given to me at any time.