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NOTICE OF PRIVACY PRACTICES

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

This Notice specifically describes the policies of the mental health practice of Millyan Cabrera, LMHC, RPT. Affiliated providers (for example, counselors other than Millyan Cabrera, LMHC, RPT who rent space in this office) may have different privacy practices from those described in this Notice. Please contact affiliated providers directly for more information about their privacy practices. References to “you”, “your” in this Notice also include your dependent child.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this Notice. My intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will not depend upon your signed acknowledgment. If you decline to sign an acknowledgment, I will continue to provide you with services. However, I will also use and disclose your protected health information for provision, payment, and reporting of services, when necessary, as described in this Notice.

My Responsibilities Regarding Your Protected Health Information

I understand that your medical and health information is personal and that protecting your health information is important. “Protected health information” is individually identifiable health information which includes items such as name, age, address, social security number, e-mail address, etc. I follow strict federal and state laws that require me to maintain the confidentiality of your health information. I am required by law to do the following:

- Maintain the privacy of your health information;
- Provide this Notice that describes the ways that I may use and share your protected health information;
- Follow the terms of the Notice currently in effect.

How I May Use or Disclose Your Protected Health Information

I will retain your records for approximately seven years after your last date of service. After that time has elapsed, your records will be shredded or otherwise destroyed in a way which protects your privacy. Copies of mental health records generated by me which have been distributed to other entities may continue to exist under the privacy policies established by those entities. Until your records are destroyed, they may be used for the following purposes:

- **For Required Uses and Disclosures**

I may disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of my compliance with laws on the protection of your health information.

- **For Treatment**

I may use and disclose your protected health information to provide your care and any related services. This includes the coordination or management of your health care with a third party. For example, I might disclose your protected health information to a therapist who is co-leading a therapy group in which you have asked to participate at this office. I might also disclose your information to a professional colleague who provides me with clinical consultation services. Any person or entity with whom your information is shared will also be required to comply with federal privacy practices regarding your protected health information.

- **To Obtain Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, your information may be shared with an insurer who provides reimbursement for your services at this office.

- **For Health Care Operations**

I may use or disclose, as needed, your protected health information to support quality assessment activities. For example, your information may be used in self-monitoring exercises for the purpose of continuing improvement. I also may use or disclose your protected health information to provide you with appointment reminders or information about other health-related programs and services. For example, your name and address may be used to mail you information about workshops or other services I may add, offer, or become aware of, which might be of interest to you.

- **As Required by Law**

I may use or disclose your protected health information if law or regulation requires the use or disclosure of your information.

- **For Public Health and Safety**

I may disclose your protected health information to a law enforcement or human welfare authority or other entity in order to report suspected physical or sexual abuse or neglect of any individual in a “protected population” (minor children, disabled individuals, or the elderly); or to protect you and others if I believe you are at imminent risk of harm to yourself or others.

- **In Legal Proceedings**

I may disclose protected health information during lawsuits or disputes; in any judicial or administrative proceeding; in response to a court order or administrative tribunal; and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

- **To Assist Law Enforcement**

I may disclose protected health information for law enforcement purposes including, but not limited to, the following: responses to legal proceedings; information requests for identification and location; deaths suspected from criminal conduct; circumstances pertaining to victims of a crime; crimes occurring at this office; to identify an individual being sought by authorities, or to cooperate with ongoing law enforcement investigations.

- **To Protect National Security**

I may disclose protected health information for national security purposes including, but not limited to, to following: requests for information from military command authorities if you are a member of the armed forces or a member of a foreign military authority; national security and intelligence activities; protection of the President or other authorized person for foreign heads of state.

Your authorization is required for other disclosures.

With the exception of instances outlined above, I will not use or disclose information from your record unless you provide me with written authorization to do so. You may revoke your consent to disclose information by providing me with written revocation.

Your Rights:

You may exercise the following rights by submitting a written request to me. Please be aware that your request might be denied; however, you may seek a review of the denial.

- **Right to Request Restriction**

You may request limitations on the mental health information I may disclose, but I am not required to comply with your request. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.

- **Right to Confidential Communication**

You may request communications from this office in a certain way (for example, you may request that I leave necessary messages on your cell phone instead of your home phone), but you must make these requests in writing and specify exactly how you wish to be contacted when I need to do so.

- **Right to Inspect and Copy**

You may have a right to inspect and obtain a copy of your protected health information that is contained in your client record for as long as I maintain that information. A client record contains financial and service information such as session dates and times; modalities and frequencies of treatments furnished; diagnosis; functional status; symptoms; prognosis, and progress to date. However, narrative-content psychotherapy notes may not be inspected or copied. There will be a \$.25 fee per page for copying records requested by you. Under certain circumstances, such as protected health information that is subject to law that prohibits access, you may be denied access to your information. You may request a review of this denial by another licensed mental health professional chosen by me, and we will comply with the outcome of the review.

- **Right to Request Clarification**

If you believe the information I have about you is incorrect or incomplete, you may ask to add clarifying information to the record. However, I am not required to accept the information that you propose or to add it to your record.

- **Right to Accounting of Disclosures**

For up to seven years from your last date of service at this office, you may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment, payment or health care operations.

- **Right to a Copy of this Notice**

You may request a paper copy of this Notice at any time.