

**Center of Psychological Effectiveness Inc.**  
**NOTICE OF PRIVACY PRACTICES AND PATIENT'S RESPONSIBILITIES**

This notice describes how your medical information may be used and/or disclosed, and how you may access this information and patient's rights and responsibilities.  
If you have any questions about this Notice, please contact Administration at 954-583-8831

When you become a patient, you have the right to:

**OUR COMMITMENT TO YOU**

To be an effective consumer of psychological services, it is important you know about your rights and responsibilities and privacy policies. PLEASE READ THIS STATEMENT CAREFULLY and discuss any questions you may have with your therapist. As licensed therapists, we are dedicated to providing quality therapy, testing and consulting services. You may be assured that each patient receives competent, considerate, prompt and respectful services, regardless of race, ethnic background, religion, sex, age, sexual or affectional preferences or disability. When necessary, we consult with specialists, and may refer you to additional resources.

We welcome you, your questions, and your concerns. Administrative policies are set up to work smoothly and efficiently. Your feedback is welcome as to how these policies work for you. It's customary to acknowledge in a brief note referral made by another professional. If you object to this procedure, please inform your therapist.

**YOUR RIGHTS in addition to Privacy Rights**

1. Cost of Service Information: You have the right to be informed of the cost of professional services before receiving the services. Co-pays are payable at the time of service.

2. Informed Consent: As a patient, you have the right to know the nature of the services you are receiving. In the first sessions, we will discuss goals and design a treatment plan to meet your needs. We encourage you to be active in those discussions. Our treatment planning philosophy is short-term, goal directed cognitive-behavior therapy with patient-therapist teamwork.

3. Risks: Since the process of change can sometimes be upsetting, the self-analysis and examination of relations in the therapy may carry a slight risk of psychological distress. In some situations, examination of relationships during the course of treatment may result in a decision to make changes in those relationships. If there is ever any distress, immediately bring your thoughts and emotions to the attention of your therapist, **AS AN OUTPATIENT PRACTICE, THERE IS LIMITED ABILITY TO RESPOND TO EMERGENCIES.** University Pavilion Hospital (954-721-2200 ask for RESPOND) located at 7425 N. University Drive, Tamarac FL 33321 offers 24-hour evaluations. If there is an immediate risk to you or others, 911 is an emergency resource. Please be aware that non-emergency, minor issue questions can be made within the limits of technology to the on-call therapist at 954-583-8831 Ext. 4.

4. Dual Relationships/Gifts: Ethical guidelines prohibit any other relationship developing outside the patient therapist relationship. In Florida, the patient-therapist relationship is a lifetime relationship. Gifts are prohibited by ethical guidelines.

5. Length of Appointments: Therapy appointments are 45 minutes. Therapy time is inclusive of appointment setting and financial transactions.

6. Other Therapists: All therapists are independent contractors responsible for their own Standards of Care.

**YOUR RESPONSIBILITIES**

1. Unattended minors cannot be in the waiting room unsupervised.

2. You are responsible for supplying accurate and complete information about yourself, your past illness', previous therapy, medication, family and work history, and when appropriate, providing information updates.

3. You are responsible for honoring your financial agreement. Payment for psychological services is due at the time services are rendered. Fees for groups, workshops, and organizational consultation are negotiated on a situation-by-situation basis. **Phone calls will be billed to the patient at the same rate**

**as a therapy session.** Psychological services are covered under many health insurance plans. I advise that you check your insurance policy or the benefits department at your place of employment to confirm that you do, indeed, have such coverage. Insurance is considered a method of reimbursing you for fees paid to the doctor, not a substitute for payment.

4. You are responsible for keeping appointments. Missed appointments, except in emergencies or incapacitation, will be billed. Since research and office work can be accomplished, **(no show appointments and cancellations less than 48 hours in advance are billed at \$50.00).** Insurance coverage cannot be billed for this charge. The patient is personally responsible for the charge.

5. If we must be involved in litigation because of professional services provided to you: 1) Center must be paid a forensic professional fee, which is different from regular in-office fees; 2) A retainer must be paid in advance based on an estimate of minimum time required for forensic services; 3) Out of office services are charged on a portal to portal basis. The forensics fee will be applied to all services connected to the litigation, including but not limited to telephone conferences, depositions, and court appearances.

6. You are responsible for following treatment recommendations, completing therapeutic assignments, and communicating your treatment progress.

**OUR LEGAL RESPONSIBILITY TO PROTECT YOUR MEDICAL INFORMATION**

This Notice of Privacy Practices describes how Center of Psychological Effectiveness, Inc. (COPE), may use and/or disclose your protected health information to provide treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI), is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Furthermore, COPE will not use or disclose your health information without your consent or authorization, except as described in this notice.

COPE is required to abide by the terms of this Notice of Privacy Practices. The terms of this notice may change at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request, COPE will provide you with any revised Notice of Privacy Practices, either by calling and requesting that the revised copy be sent to you in the mail, or by asking for one at the time of your next appointment. The revised Notice will also be posted in our offices and on our website at [www.solutionsnottalk.com](http://www.solutionsnottalk.com).

**MUTUAL CONFIDENTIALITY:** Patient shall not post or publish any statements or opinions regarding practice without the express written authorization of Practice. This shall include but is not limited to any and all web sites, print media, television or radio and whether it is done anonymously or not. You agree to immediately remove any offending materials upon written notice by the practice and to enter an agreed order to the same in a court of competent jurisdiction.

**USES and/or DISCLOSURES of PROTECTED HEALTH INFORMATION**

**Uses and/or Disclosures of Protected Health Information Without Your Authorization Treatment:** COPE may use and/or disclose your protected health information to provide, coordinate, or manage your mental health care and any related services. This includes the coordination or management of your mental health care with a third party that has already obtained

your permission to have access to your protected health information. For example, this could include communication of your protected health information to: other physicians who are treating you, or to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you. In addition, COPE may disclose your protected health information from time-to-time to health care provider (e.g., a specialist or laboratory), who at the request of your COPE service provider, becomes involved in your care by providing assistance with your mental health care diagnosis or treatment to your physician.

**Payment:**

Your protected health information may be used, as needed, to obtain payment for mental health care provided to you by COPE. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we have recommended for you. This might be: determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities. COPE may also share portions of your medical information with the following: billing departments, collection departments or agencies, insurance companies, health plans, hospital departments and consumer reporting agencies (e.g., credit bureaus). For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:**

COPE may use or disclose, as needed, your protected health information in order to support its operational activities. These activities include, but are not limited to: quality assessment, employee review, training of student interns, licensing, resolving grievances within our organization, marketing, fundraising, and conducting or arranging for other business activities.

For example, your first name may also be called in the waiting room when your provider is ready to see you. COPE may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment

COPE may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for our operation. Whenever an arrangement between our organization and a business associate involves the use of disclosure of your protected health information, COPE will have a written contract that contains terms that will protect the privacy of your protected health information.

COPE may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other mental health-related benefits and services that may be of interest to you. COPE may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our organization and the services we offer. COPE may also send you information about products or services that we believe may be beneficial to you. **You may contact our Administrator in writing if you do not want to receive these materials.**

**Other Uses and/or Disclosures of Protected Health Information Permitted Without Your Consent:**

COPE may use and disclose Protected Health Information about you for a number of circumstances for which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. These circumstances could include:

**As required by law:** Required by federal, state, local law, or other judicial or administrative proceeding.

**Public health:** Public health activities and purposes to a public health authority that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability. It may also be disclosed if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** If authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** For activities authorized by law, such as audits, investigations, and inspections. Entities seeking this information include: government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** If disclosure relates to victims of abuse, neglect or domestic violence.

**Food and Drug Administration:** To report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post market surveillance, as required.

**Legal Proceedings:** In response to a Court Order or Administrative Tribunal.

**Law Enforcement:** In order to comply with laws requiring the reporting of certain types of wounds or other physical injuries.

**Coroners, Funeral Directors, Organ Donation:** For identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. It may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Workers' Compensation:** To comply with state workers' compensation laws and other similar legally established programs.

**Specialized Government Functions:** If it related to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

**Correctional Institutions:** If it relates to correctional institutions and in other law enforcement custodial situations where they have lawful custody of you.

**Permitted and Required Uses and/or Disclosures To Which You May Object:**

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your COPE service provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your mental health care will be disclosed.

• Unless you object in writing, to a member of your family, a relative, a close friend or other identified person, your PHI that directly relates to that person's

involvement in your mental health care, also to notify or assist in notifying a designated person responsible for your care, of your location, general condition or death.

- To assist in disaster relief efforts, such as the American Red Cross.
- In the event of an emergency
- To contact you to provide appointment reminders.
- To manage or coordinate your mental health care by contacting you with information about treatment, services, products or health care providers.
- To contact you for fundraising activities.

**If you would like to object to our use or disclosure of your protected health information as described above,**

**Please contact Administration at: 954-583-8831**

**ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION**

Under any circumstances other than those listed above, your written authorization is needed before your PHI is used or disclosed. If you sign a written authorization allowing the disclosure of your PHI in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, your PHI will not be disclosed after receiving your cancellation, except for disclosures which were being processed before your cancellation was received.

**YOUR RIGHTS**

**You have the right to request restrictions of the uses and disclosures of your protected health information.**

You have the right to request a restriction on the use and disclosure of your PHI. COPE is not required by federal regulation to agree to your request. Even if COPE agrees with your request, your restrictions may not be followed in certain situations, as described in the section of this Notice entitled, "Other Uses and Disclosures of Protected Health Information Permitted Without Your Consent". To make a restriction, you must make your request in writing. Please speak with your COPE service provider to initiate this action.

**You have the right to request to receive confidential communications from COPE by alternative means, or at an alternative location.**

COPE will accommodate reasonable requests made by you in writing. COPE may condition this accommodation by asking you for information as to how payment will be handled, or specification of an alternative address, or other method of contact. To make this request, please contact Administration.

**You have the right to inspect and copy your protected health information.**

You have the right to request to inspect and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you, for as long as the medical record is maintained by COPE. Your request must be made in writing. You may be charged related fees. Instead of providing you with a full copy of the PHI, you may be given a summary or explanation of this information, if you agree in advance to the form and cost of the summary or explanation. To request a copy of your PHI, please contact the Provider at the COPE facility at which you receive services.

There are certain circumstances in which COPE is not required to comply with your request. Depending on the circumstances, you may have the right to have this decision reviewed. Please contact the Provider if you have questions about access to your medical record.

**You have the right to request amendment of your Protected Health Information.**

You have the right to request that amendments are made to your PHI regarding clinical, billing and other records used to make decisions about you, as long as COPE maintains the record. Your request must be in writing, and must explain your reasons for the amendment. Please make this request to the Provider at the COPE location at which you receive services.

Your request may be denied if:

- The information was not created by COPE.
- The information is not part of the records used to make decisions about you.
- COPE believes the information is correct and complete.
- You would not have the right to see and copy the record as described above.

If your request for amendment is denied, you have the right file a statement of disagreement with COPE, and COPE may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal. Please contact Administration if you have questions about amending your medical record.

**You have the right to receive an accounting of disclosures made by COPE of your Protected Health Information.**

You have the right to receive a written list of certain disclosure of your PHI. You must make the request in writing. You may ask for disclosures made up to six years before the date of your request, not including disclosures made prior to January 1, 2013. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. The list will include the date of the disclosure, the name and address if available of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

**The right to receive this information is subject to certain exceptions, restrictions and limitations.**

You have the right to request a paper copy of this Notice at any time, even if you have agreed to accept this notice electronically. You may ask any COPE provider for a paper copy or you may obtain a copy at our website at: [www.solutionsnottalk.com](http://www.solutionsnottalk.com).

**COMPLAINTS**

If you think your privacy rights have been violated by Center of Psychological Effectiveness Inc., or you want to complain to us about our privacy practices, you may contact our Administration, at: 954-583-8831, or by email at: [solutionsnottalk.com](mailto:solutionsnottalk.com) or by mail at:

Veronica Ruiz-Ashwal, LMHC, MBA  
Center of Psychological Effectiveness, Inc.  
7390 NW 5th Street, Suite 5  
Plantation, FL 33317

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

**EFFECTIVE DATE**

This Notice of Privacy Practices is effective on January 1, 2013. Patient certifies receiving a copy of this notice.

Approved by:

  
\_\_\_\_\_  
Veronica Ruiz-Ashwal, LMHC, MBA  
COPE President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date