

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 1, 2020. Updated March 1, 2021.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. PLEDGE REGARDING HEALTH INFORMATION:

Merge Mental Health, LLC understands that health information about you and your health care is personal and is committed to protecting health information about you. Merge Mental Health, LLC creates a record of the care and services you receive, and this record provides you with quality care and complies with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about how Merge Mental Health may use and disclose health information about you. It also describes your rights to the health information about you and describes certain obligations Merge Mental Health has regarding the use and disclosure of your health information.

Merge Mental Health LLC is required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of Merge Mental Health LLC's legal duties and privacy practices concerning health information.
- Follow the terms of the notice that is currently in effect.
- Merge Mental Health LLC can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. USES AND DISCLOSES FOR TREATMENT PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe different ways that Merge Mental Health LLC use and disclose health information. For each category of uses or disclosures, I will explain what Merge Mental Health LLC means and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the Merge Mental Health LLC patient/client's personal health information without the patient's written authorization, to carry out the health care provider's treatment,

payment or health care operations. Merge Mental Health LLC may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, Merge Mental Health LLC would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in the diagnosis and treatment of your health condition. Merge Mental Health LLC may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. Merge Mental Health LLC may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or another lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Merge Mental Health LLC does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For use in treating you.
 - b. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate Merge Mental Health LLC compliance with HIPAA.
 - e. Required by law and the use or disclosure are limited to the requirements of such law.
 - f. Required by law for certain health oversight activities about the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Merge Mental Health LLC will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if Merge Mental Health LLC requests a review from you and plans to share the review publicly online or elsewhere to advertise my services or my practice, will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking, or other personal health details). Because you may not realize which information you provide is considered "PHI," Merge Mental Health LLC will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, Merge Mental Health LLC will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request via the email address Merge Mental Health LLC keeps on file or via certified mail to my address. Once Merge Mental Health LLC has received your written withdrawal of consent, your review will be removed from Merge Mental Health LLC website and from any other places where it was posted. Merge Mental Health LLC cannot guarantee that others who may have copied your review from my website or other locations will also remove the review. This is a risk that Merge Mental Health LLC wants you to be aware of, should you give permission to post your review.
3. **Sale of PHI.** Merge Mental Health LLC will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, Merge Mental Health LLC can use and disclose your PHI without your Authorization for the following reasons. Merge Mental Health LLC has to meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health-related benefits or services. Merge Mental Health LLC may use and disclose your PHI to contact you to remind you that you have an appointment with me. Merge Mental Health LLC may also use and disclose your PHI to tell you about treatment alternatives, or other health care services offered.
2. When disclosure is required by state or federal law, the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities. This includes reasonable cause to suspect that a child (under 18) is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or another person responsible for the child's welfare, the law requires reporting of such knowledge or suspicion to the Florida Department of Children and Families. If there is reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, Merge Mental Health LLC is required by law to immediately report such knowledge or suspicion to the Florida Abuse Hotline. When you present a clear and immediate probability of physical harm to yourself or other individuals or society, Merge Mental Health LLC may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although Merge Mental Health LLC preference is to obtain Authorization from you before doing so if allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although Merge Mental Health LLC preference is to obtain Authorization from you, your PHI may be provided to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell Merge Mental Health LLC that I may provide your PHI to a family member, friend, or another person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergencies to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Merge Mental Health LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Merge Mental Health LLC is not required to agree to your request and may say “no” if it is believed that it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is sent to You. You have the right to ask Merge Mental Health LLC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Merge Mental Health LLC will agree to all reasonable requests.
4. The Right to Inspect and Copy Your PHI. You have the right to inspect or obtain a copy of the information in your file as long as your file is maintained. Merge Mental Health LLC may deny this request and there may be charges for copying or mailing your record.
5. The Right to Get a List of the Disclosures that Have Been Made. You have the right to request a list of instances in which Merge Mental Health LLC has disclosed your PHI for purposes other than treatment, payment, or health care operations, and instances of a signed release, national security, or law enforcement. At your request, Merge Mental Health LLC will discuss with you the details of your request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
7. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
8. The Right to Revoke an Authorization.
9. The Right to Opt-out of Communications and Fundraising from our Organization.
10. The Right to File a Complaint. If you are concerned that your privacy rights have been violated or if you disagree with a decision that has been made about access to your records, please feel free to discuss your concerns with your therapist using the information on page one. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Merge Mental Health LLC can provide you with the appropriate address upon request.

VII. SOCIAL MEDIA POLICY

Merge Mental Health LLC may have a presence on social media. If you take action on any of these platforms including but not limited to “liking”, sharing, or post reviews you are taking it upon your own will to disclose the possibility that you have received or are receiving services from Merge Mental Health, LLC. Merge Mental Health LLC will not be held liable for any such disclosures by current or past clients and/or families. Additionally, Merge Mental Health LLC will not interact with current or past clients via social media in order to maintain client confidentiality.

VIII. PROTECTED COMMUNICATION POLICY

There are risks to confidentiality with any electronic modality. Merge Mental Health LLC communicates information through secure methods including telephone and secure platform portals. Please be aware that electronic communication (email, text, etc.) will only be used with your permission and for administrative purposes, as these forms of communication cannot be guaranteed to be confidential. Email exchanges and text messaging with Merge Mental Health LLC should be limited to scheduling and billing matters only. Please do not email or text about clinical matters as these are not secure confidential ways to contact your therapist. If you take it upon yourself to message Merge Mental Health LLC and/or your therapist using the inquiry email system, you are acknowledging the risks associated with communication via an unsecured email. Merge Mental Health LLC and/or your therapist cannot be held responsible for the information disclosed via email communication.

IX. CHANGES TO THIS NOTICE

This notice will go into effect on March 1, 2021.

Merge Mental Health LLC reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that it maintains. The new Notice will be available upon request, in my office, and on my website.

X. ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

Merge Mental Health LLC has explained A) the ways that my identifying information is protected, B) the times when the information about me may be released without my specific permission, and C) my rights related to my medical information.

I hereby agree to protect the confidentiality and privacy of other clients at all times. I will not discuss any information concerning other clients with individuals, organizations, agencies, or any person not directly employed by Merge Mental Health LLC.

Client
Signature _____ Date _____

Client/Guardian
Signature _____ Date _____

Witness
Signature _____ Date _____

Sarasota, FL 34239
941-500-3398
mergementalhealth@gmail.com