

JAN GALLAGHER, LMHC

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION. PLEASE READ CAREFULLY.

Jan Gallagher, LMHC, is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from Jan Gallagher, LMHC. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The privacy of PHI in patient files will be protected when the files are taken to and from Jan Gallagher, LMHC, by placing the files in a box or brief case and kept within the custody of Jan Gallagher, LMHC or an employee of her practice authorized to remove the files from the office.

NO CONSENT REQUIRED: Jan Gallagher, LMHC may use and/or disclose your PHI for the purposes of:

(a) Treatment - In order to better serve your health care needs, Jan Gallagher, LMHC, will provide your PHI to those health care professionals directly involved in your care. For example, Jan Gallagher, LMHC may share your PHI with a clinical supervisor or counselor colleague for assistance in planning your care.

(b) Payment - In order to get paid for services provided to you, Jan Gallagher, LMHC, will provide your PHI to appropriate third party payers, pursuant to their billing and payment requirements. For example, Jan Gallagher, LMHC, may share your PHI with your health insurance provider.

(c) Health Care Operations - In order for Jan Gallagher, LMHC, to operate in accordance with applicable law and to continue to provide quality and efficient care, it may be necessary for Jan Gallagher, LMHC, to compile, use and/or disclose your PHI. For example, Jan Gallagher, LMHC, may use your PHI in order to evaluate the performance of the overall practice in providing care to you.

NO CONSENT REQUIRED: Jan Gallagher, LMHC, may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

(a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.

(b) Business Associate - To a business associate if Jan Gallagher, LMHC, obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists Jan Gallagher, LMHC, in undertaking some essential function, such as an accountant that assists the office in reconciling the practice billing and expenses.

(c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(d) Emergency Situations -

(i) for the purpose of obtaining or rendering emergency treatment to you provided that Jan Gallagher, LMHC, attempts to obtain your Consent as soon as possible; or

(ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

(e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, Jan Gallagher, LMHC, has been unable to obtain your Consent and Jan Gallagher, LMHC, determines, in the exercise of her professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

(f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

(g) Abuse, Neglect or Domestic Violence - To a government authority if Jan Gallagher, LMHC, is required by law to make such disclosure. If Jan Gallagher, LMHC, is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

(h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

(i) Judicial and Administrative Proceeding - For example, Jan Gallagher, LMHC, may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, Jan Gallagher, LMHC, may disclose your PHI if Jan Gallagher, LMHC, believes that your death was the result of criminal conduct.

(k) Coroner or Medical Examiner – Jan Gallagher, LMHC, may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

(l) Organ, Eye or Tissue Donation - If you are an organ donor, Jan Gallagher, LMHC, may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If Jan Gallagher, LMHC, is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

(n) Avert a Threat to Health or Safety – Jan Gallagher, LMHC, may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(o) Workers' Compensation - If you are involved in a Workers' Compensation claim, Jan Gallagher, LMHC, may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

APPOINTMENT REMINDER

Jan Gallagher, LMHC may, from time to time, contact you to provide appointment reminders. The following appointment reminders are used by the Jan Gallagher, LMHC: a) telephoning your home and leaving a message on your answering machine or with the individual answering the phone, b) secure and encrypted email, and c) text messages via a secure and encrypted service.

FAMILY/FRIENDS

Jan Gallagher, LMHC, may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care unless you direct Jan Gallagher, LMHC, to the contrary. Jan Gallagher, LMHC, may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

(a) If you are present at or prior to the use or disclosure of your PHI, Jan Gallagher, LMHC, may use or disclose your PHI if you agree, or if Jan Gallagher, LMHC, can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.

(b) If you are not present, Jan Gallagher, LMHC, will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

YOUR RIGHTS

1. You have the right to:

(a) Revoke any Authorization and/or Consent, in writing, at any time. To request a revocation, you must submit a written request to Jan Gallagher, LMHC, Privacy Officer.

(b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, Jan Gallagher, LMHC, is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to Jan Gallagher, LMHC, Privacy Officer. In your written request, you must inform Jan Gallagher, LMHC, of what information you want to limit, whether you want to limit Jan Gallagher, LMHC, to the use or disclosure, or both, and to whom you want the limits to apply. If Jan Gallagher, LMHC, agrees to your request, Jan Gallagher, LMHC, will comply with your request unless the information is needed in order to provide you with emergency treatment.

(c) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to Jan Gallagher, LMHC, Privacy Officer. Jan Gallagher, LMHC, will accommodate all reasonable requests.

(d) Inspect and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are requested to submit a written request to Jan Gallagher, LMHC, Privacy Officer. Jan Gallagher, LMHC, can charge you a fee for the cost of copying, mailing or other supplies associated with your request

(e) Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request to Jan Gallagher, LMHC, Privacy Officer. You must provide a reason that supports your request. Jan Gallagher, LMHC, may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by Jan Gallagher, LMHC, (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by Jan Gallagher, LMHC, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Jan Gallagher's, LMHC, denial, you will have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what form you want the list (such as a paper or electronic copy).

(g) Receive a paper copy of this Privacy Notice from Jan Gallagher, LMHC, upon request to Jan Gallagher, LMHC, Privacy Officer.

(h) Receive notice of any breach of confidentiality of your PHI by Jan Gallagher, LMHC.

(i) Prohibit report of any test, examination or treatment to your health plan or anyone else for which you pay in cash or by credit card.

(j) Complain to Jan Gallagher, LMHC, or to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, 202 619-0257, email: ocrmail@hhs.gov or to the Florida Attorney General, Office of the Attorney General, PL-01 The Capitol, Tallahassee, FL 32399-1050, 850 414-3300 if you believe your privacy rights have been violated. To file a complaint with Jan Gallagher, LMHC, you must contact Jan Gallagher, LMHC, Privacy Officer. All complaints must be in writing.

(k) Request copies of your PHI in electronic format.

To obtain more information on, or have your questions about your rights answered; you may contact Jan Gallagher, LMHC, Privacy Officer, at 4741 Atlantic Boulevard, Suite B-3, Jacksonville, FL 32207 or via email at jangallagher60@gmail.com.

REQUIREMENTS FOR JAN GALLAGHER, LMHC

1. Jan Gallagher, LMHC:

(a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing Jan Gallagher's, LMHC, legal duties and privacy practices with respect to your PHI.

(b) Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law. In particular, Jan Gallagher, LMHC, is required to comply with the following State statutes: Section 381.004 relating to HIV testing, Chapter 384 relating to sexually transmitted diseases and Section 456.057 relating to patient records ownership, control and disclosure.

(c) Is required to abide by the terms of this Privacy Notice.

(d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.

(e) Will distribute any revised Privacy Notice to you prior to implementation.

(f) Will not retaliate against you for filing a complaint.

QUESTIONS AND COMPLAINTS

You may obtain additional information about our privacy practices or express concerns or complaints to the Privacy Officer and Contact person appointed for Jan Gallagher, LMHC. The Privacy Officer is Jan Gallagher, LMHC.

You may file a complaint with the Privacy Officer if you believe that your privacy rights have been violated relating to release of your protected health information. You may, also, submit a complaint to the Department of Health and Human Services the address of which will be provided to you by the Privacy Officer. We will not retaliate against you in any way if you file a complaint.

EFFECTIVE DATE

This Notice is in effect as of 11/26/13.

Jan Gallagher, LMHC

**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and maintained for six years.

Patient Name (please print)

Date

Parent, Guardian or Patient's legal representative
(please print)

Signature

THIS FORM WILL BE PLACED IN THE PATIENT'S CHART AND MAINTAINED FOR SIX YEARS.

List below the names and relationship of people to whom you authorize Jan Gallagher, LMHC, to release PHI.

_____	_____
_____	_____
_____	_____