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## NOTICE OF PRIVACY RIGHTS AND PRACTICES

Under The Health Insurance Portability and Accountability act (HIPAA) of 1996 as a patient you have specific Privacy Rights. The purpose of this form is to notify you of such rights.

The following are your rights as a patient under HIPAA:

- 1 Right to inspect your own health information and obtain a copy (excluding psychotherapy notes).
- 2 Right to request an amendment to health information (excluding psychotherapy notes).
- 3 Right to receive an accounting of disclosures for purposes other than treatment, payment, and healthcare operations.
- 4 Right to request that uses and disclosure of health information be restricted.
- 5 Right to file a privacy complaint with your provider and/or the Secretary of HHS (Department of Health and Human Services). To file a complaint with your provider you must do it in writing and you may either give it to your provider at your next appointment or send it by mail Attn: Judith Moyer, LMHC, CAP, 235 So. Maitland Ave., Suite 104, Maitland, FL 32751. To file a complaint with the Secretary of HHS (Department of Health and Human Services) you may do it via the internet at <http://cma.hhs.gov/hipaa/hipaa2/default.asp> or you may mail your complaint in writing to HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. Your provider is able to supply you with the form to use for mail-in complaints. The information needed to file a complaint is your contact information (name, address and phone), the name of the Covered Entity (Provider) you are filing the complaint about, their Tax Identification #, Medicare Identification # if applicable, a contact person's name at the Covered Entity's (Provider's) office, their address and phone number.

Your provider has a legal requirement under Federal Law and HIPAA to protect your protected health information and to release only the minimum necessary information for the purposes of treatment, payment, or healthcare operations, unless otherwise specifically authorized by you.

Everything you discuss with your provider will be kept confidential, except matters pertaining (1) to suicide and harm to another person, (2) to physical/sexual abuse or neglect of minors, persons with disabilities, and the elderly, (3) to illegal activity resulting in court order, and (4) to anything else required by law. For those matters, legally and/or ethically your provider would have to break confidentiality and involve others. Of course, your provider would be willing to share information with any other professional or agency that you wish, provided you sign an authorization form specifically authorizing the release of specific information to a specific person.

I, \_\_\_\_\_ fully understand what I have just read and acknowledge that I have received a copy of this "Notice of Privacy Rights and Practices". I also understand that if there are any changes to this form I am to be notified in writing and given a new form to sign, as well as a copy.

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

\_\_\_\_\_  
Date