

## AUDRA WALSH, PHD, LLC (“AWP”)

### NOTICE OF PRIVACY PRACTICES - EFFECTIVE DATE MAY 10, 2021

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD WHO IS A PATIENT OF AWP MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IF YOU ARE A PATIENT OF AWP, THEN THIS NOTICE ALSO APPLIES TO HEALTH INFORMATION ABOUT YOU. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices (“Notice”), please contact the Privacy Officer for Audra Walsh, PhD, LLC (“AWP”) at 6740 Crosswinds Drive North, Suite L, St. Petersburg, FL 33710, 727-599-3624, OR [info@audrawalsh.com](mailto:info@audrawalsh.com).

This Notice is provided to you in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act of 2009 (the “HITECH Act”) and associated regulations, as may be amended (collectively referred to as “HIPAA”), describing AWP’s legal duties and privacy practices with respect to Protected Health Information (“PHI”). AWP is required to abide by the terms of this Notice currently in effect and may need to revise the Notice from time to time. Any required revisions of this Notice will be effective for all PHI that AWP maintains. A current copy of the Notice will be posted in each office and you may request a paper, or electronic, copy of it.

#### PROTECTED HEALTH INFORMATION (“PHI”)

PHI consists of all individually identifiable information which is created or received by AWP and which relates to your and/or your child(ren)’s past, present, or future physical or mental health condition, the provision of health care to you and/or your child(ren), or the past, present, or future payment for health care provided to you and/or your child(ren). The following types of PHI are subject to heightened privacy restrictions under HIPAA or Florida law, as further detailed herein:

1. **Psychotherapy Notes:** Psychotherapy notes are recorded by a psychologist or other mental health professional to document or analyze the contents of a conversation during a private counseling session or a group, joint, or family counseling session, and are separated from the rest of the patient’s health record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
2. **Confidential Communications:** Confidential communications consist of information entrusted to the psychologist by a patient. Confidential communications do not include the psychologist’s own evaluation, assessment, analysis, diagnosis, or recommendations regarding the patient.

#### USE AND DISCLOSURE OF PHI FOR WHICH PATIENT CONSENT OR AUTHORIZATION IS NOT REQUIRED

HIPAA permits AWP to use or disclose PHI in certain circumstances, which are described below, without authorization from the patient and/or the patient’s parent or legal representative. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of these categories. Unless otherwise specified, the below-described categories of permissible uses and disclosures apply to PHI other than psychotherapy notes or confidential communications.

1. **Treatment:** AWP may use and disclose a patient’s PHI (including psychotherapy notes and confidential communications) to provide, coordinate, or manage the patient’s health care and related services, including consulting with other health care providers about the patient’s health care or referring the patient to another health care provider for treatment. For example, AWP may discuss a patient’s health information with a specialist to whom the patient has been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat the patient. Further, AWP may use or disclose PHI to remind a patient or the patient’s parent or legal representative of a scheduled appointment.
2. **Payment:** AWP may use and disclose a patient’s PHI, as needed, to obtain payment for the health care it provides to the patient. For example, AWP may disclose to a third-party payer the treatment a patient is going to receive to ensure that the payer will cover that treatment. Additionally, AWP may disclose to a third-party payer or grant funding service, as necessary, the type of services a patient received to obtain reimbursement for the patient’s treatment.
3. **Health Care Operations:** AWP may use or disclose PHI in order to carry out its administrative functions. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide treatment under the supervision of one of AWP’s health care professionals, business planning and development, business management and general administrative activities. For example, AWP may disclose PHI to accreditation agencies reviewing the types of services provided. In addition, AWP may use or disclose psychotherapy notes and

confidential communications for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.

4. **Required by Law:** AWP may use or disclose PHI (including psychotherapy notes and confidential communications) to the extent that such use or disclosure is required by law. For example, Florida law requires a psychologist to disclose a patient's confidential communication to a law enforcement agency if the patient has communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat.
5. **Public Health:** AWP may disclose PHI to a public health authority, employer, or appropriate governmental authority authorized to receive such information for the purpose of: (a) preventing or controlling disease, injury or disability; reporting disease or injury; conducting public health surveillance, public health investigations and public health interventions; or at the direction of a public health authority, to an official of a foreign government agency in collaboration with a public health authority; or reporting child abuse or neglect; (b) activities related to the quality, safety or effectiveness of activities or products regulated by the Food and Drug Administration; (c) notifying a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.
6. **Abuse, Neglect, or Domestic Violence:** AWP may disclose PHI (including psychotherapy notes and confidential communications) to a government authority authorized to receive reports of abuse, neglect, or domestic violence if it reasonably believes that a patient is a victim of abuse, neglect, or domestic violence. Any such disclosure will be made: 1) to the extent it is required by law; 2) to the extent that the disclosure is authorized by statute or regulation and AWP believes the disclosure is necessary to prevent serious harm to the patient or other potential victims; or 3) if the patient agrees to the disclosure.
7. **Health Oversight Activities:** AWP may disclose PHI (including psychotherapy notes and confidential communications) to a health oversight agency for any oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or applicable laws.
8. **Judicial and Administrative Proceedings:** AWP may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process upon receipt of "satisfactory assurance" that the patient and/or parent or legal representative has received notice of the request. AWP may disclose psychotherapy notes and confidential communications in the course of a judicial or administrative proceeding arising from a complaint filed by or on behalf of the patient.
9. **Law Enforcement Purposes:** AWP may disclose limited PHI about a patient for law enforcement purposes to a law enforcement official: (a) in compliance with a court order, a court-ordered warrant, a subpoena or summons issued by a judicial officer or an administrative request; (b) in response to a request for information for the purposes of identifying or locating a suspect, fugitive, material witness, or missing person; (c) in response to a request about an individual that is suspected to be a victim of a crime, if, under limited circumstances, AWP is not able to obtain consent; (d) if the information relates to a death AWP believes may have resulted from criminal conduct; (e) if the information constitutes evidence of criminal conduct that occurred on the premises of AWP; or (f) in certain emergency circumstances, to alert law enforcement of the commission and nature of a crime, the location and victims of the crime, and the identity, or description and location of the perpetrator of the crime.
10. **Coroners, Medical Examiners and Funeral Directors:** AWP may disclose PHI (including psychotherapy notes and confidential communications) to a coroner or medical examiner for the purpose of identification, determining a cause of death, or other duties authorized by law. AWP may disclose PHI to a funeral director, consistent with all applicable laws, in order to allow the funeral director to carry out his or her duties.
11. **Research:** AWP may use or disclose PHI (including psychotherapy notes) for research purposes, provided that an institutional review board authorized by law or a privacy board waives the authorization requirement and provided that the researcher makes certain representations regarding the use and protection of the PHI.
12. **Serious Threat to Health or Safety:** AWP may disclose PHI (including psychotherapy notes and confidential communications if the disclosure is required by law), in a manner which is consistent with applicable laws and ethical standards, if the disclosure is necessary to prevent or lessen a serious threat to health or safety of a person or the public, or the information is necessary to apprehend an individual.
13. **Specialized Government Functions:** AWP may disclose a patient's PHI, (a) if the patient is a member of the United States or foreign Armed Forces, for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission; (b) to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law; (c) to authorized federal officials for the provision of protective services to the President, foreign heads of

state, or other people authorized by law and to conduct investigations authorized by law; or (d) to a correctional institution or a law enforcement official having lawful custody of the patient under certain circumstances.

14. **Workers' Compensation:** AWP may disclose PHI as authorized by, and in compliance with, laws relating to workers' compensation and other similar programs established by law.

#### **USES AND DISCLOSURES TO WHICH A PATIENT MAY OBJECT**

15. If the patient and/or the patient's parent or legal representative does not object to the following uses or disclosures of your PHI, AWP may: 1) disclose to a family member, other relative, a close personal friend, or other person identified by the patient and/or the patient's parent or legal representative the information relevant to their involvement in the patient's care or payment related to the patient's care; 2) notify others, or assist in the notification, of the patient's location, general condition, or death; or 3) disclose the patient's PHI to assist in disaster relief efforts.

#### **OTHER USES AND DISCLOSURES OF PHI**

16. Any use or disclosure of the patient's PHI that is not listed herein will be made only with written authorization of the patient and/or the patient's parent or legal representative. The patient and/or the patient's parent or legal representative has the right to revoke such authorization at any time, provided that the revocation is in writing, except to the extent that: 1) AWP has taken action in reliance on the prior authorization; or 2) If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

#### **YOUR RIGHTS REGARDING PHI**

17. **Restriction of Use and Disclosure:**

- a. The patient and/or the patient's parent or legal representative has the right to request that AWP restrict the PHI it uses and discloses in carrying out treatment, payment, and health care operations. The patient and/or the patient's parent or legal representative also has the right to request that AWP restrict the PHI it discloses to a family member, other relative, or any other identified person, which is relevant to such person's involvement in the patient's treatment or payment for the patient's treatment.
- b. By law, AWP is not obligated to agree to any requested restriction. If AWP agrees to a restriction, however, it may only disclose the patient's PHI in accordance with that restriction, unless the information is needed to provide emergency health care to the patient.
- c. If you wish to request a restriction on the use and disclosure of the patient's PHI, please send a written request to the Privacy Officer which specifically sets forth: 1) that you are requesting a restriction on the use or the disclosure of the patient's PHI; 2) what PHI you wish to restrict; and 3) to whom you wish the restrictions to apply (e.g., your spouse). AWP will not ask why you are requesting the restriction. The Privacy Officer will review your request and notify you whether or not AWP will agree to your requested restriction. You also have the right to request to restrict disclosure of the patient's PHI to a health plan, if the disclosure is for payment or health care operations and the disclosure pertains to a health care item or service for which you have paid out of pocket in full.

18. **Authorization Required:** Most uses and disclosures of PHI for marketing and the sale of PHI require authorization from the patient and/or the patient's parent or legal representative. In addition, disclosure of psychotherapy notes is prohibited without authorization from the patient and/or the patient's parent or representative, except as allowed by law.

19. **Fundraising:** AWP may contact you for purposes of fundraising to support its programs. You have the option to opt-out of this type of communication.

20. **Confidential Communications:**

- a. The patient and/or the patient's parent or legal representative has the right to receive confidential communications of the patient's PHI. You may request that you receive communications of the patient's PHI from AWP in alternative means or at alternative locations. AWP will accommodate all reasonable requests, but certain conditions may be imposed.
- b. To request that AWP make communications of the patient's PHI by alternative means or at alternative locations, please send a written request to the Privacy Officer setting forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. AWP will not ask why you are making such a request.

21. **Access to PHI:**

- a. The patient and/or the patient's parent or legal representative has the right to inspect and obtain a copy of the patient's PHI maintained by AWP, except that the patient and/or the patient's parent or legal representative does not have the right to inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or information that AWP is otherwise prohibited by law from disclosing. In certain

circumstances, AWP may provide a report of examination and treatment in lieu of copies of records. Except as otherwise stated herein, AWP will not disclose a patient's confidential communication to the patient's parent or legal representative.

- b. If you wish to inspect or obtain a copy of the patient's PHI, please send a written request to the Privacy Officer. If you request a copy of the patient's PHI, AWP may charge a fee for the cost of copying and mailing the information. You may also request that a copy of the PHI be transmitted to you electronically.
  - c. HIPAA permits AWP to deny your request to inspect or obtain a copy of the PHI for certain limited reasons. If access is denied, you will be provided with written notice of the reason for the denial that states whether you are entitled to have the denial reviewed. If you receive an access denial and want a review, please contact the Privacy Officer. If the denial reason necessitates a review pursuant to HIPAA, the Privacy Officer will designate a licensed health care professional to review your request. This reviewing health care professional will not have participated in the original decision to deny your request. AWP will comply with the decision of the reviewing health care professional.
22. **Amending PHI:** The patient and/or the patient's parent or legal representative has the right to request that AWP amend the patient's PHI. To request that an amendment be made to the PHI, please send a written request to the Privacy Officer. Your written request must provide a reason that supports the request amendment. AWP may deny your request if it does not contain a reason that supports the requested amendment. Additionally, AWP may deny your request to have the patient's PHI amended if it determines that: 1) the information was not created by AWP and amendment may be made elsewhere; 2) the information is not part of a medical or billing record; 3) the information is not available for your inspection; or 4) the information is accurate and complete.
23. **Notification of Breach:** AWP will notify the patient and/or the patient's parent or legal representative following a breach of the patient's PHI as required by law.
24. **Accounting of Disclosure of PHI:**
- a. The patient and/or the patient's parent or legal representative has the right to request a listing of certain disclosure of the patient's PHI made by AWP during the period of up to six (6) years prior to the date on which the request is made. Any requested accounting will not include: 1) disclosures made to carry out treatment, payment or health care operations; 2) disclosures made to the patient and/or the patient's parent or legal representative; 3) disclosures made pursuant to an authorization given by the patient and/or the patient's parent or legal representative; 4) disclosures made to other people involved in the patient's care or made for notification purposes; 5) disclosures made for national security or intelligence purposes; 6) disclosures made to correctional institutions or law enforcement officials; or 7) disclosures made prior to April 14, 2003. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations set forth in applicable statutes and regulations.
  - b. To request an accounting of the disclosures of the patient's PHI, please send a written request to the Privacy Officer. The written request must set forth the period for which you wish to receive an accounting. AWP will provide one free accounting during each twelve (12) month period. If additional accountings are requested during the same twelve (12) month period, you may be charged for all costs incurred in preparing and providing that accounting. AWP will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request in order to reduce or avoid the fee.
25. **Obtaining a Copy of this Notice:** You have the right to request and receive a paper or electronic copy of this Notice at any time.

## COMPLAINTS

26. If the patient and/or the patient's parent or legal representative believes that the patient's privacy rights have been violated, a complaint may be filed with AWP or with the United States Secretary of Health and Human Services. To file a complaint with AWP, please contact the Privacy Officer at the address listed on page 1 of this Notice. All complaints must be submitted in writing. AWP WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.