

Privacy Statement

& Patient Rights and Responsibilities



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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRIVACY RESPONSIBILITIES AND PRACTICES OF THIS OFFICE

- Maintain the privacy of your health information in accordance with the Health Insurance Portability and Accountability Act (HIPPA).
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- To share your medical and health information with you upon your request so long as there is no reason to believe that doing so would have an adverse impact on your treatment or health.
- This office does not share information gathered by a third-party (such as other therapists, medical doctors, the legal system, etc...) that may have been sent to this office for your evaluation and care.

General Privacy Rule

This office will not use or disclose your health information without your written authorization, except as described in this notice. In addition, if you provide this office written authorization to disclose your health information you may revoke the authorization in writing at any time to prevent further disclosures.

HOW THIS OFFICE MAY DISCLOSE INFORMATION WITHOUT YOUR WRITTEN NOTICE

- 1) *Law enforcement* – this office may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.
- 2) *Abuse, Neglect, or Domestic Violence* – this office may disclose your health information to the extent provided by law to an authority, social service agency, or protective service agency if it is reasonably believed that you have been a victim of abuse, neglect, or domestic violence. Similarly, this office may release your health information to the extent provided by law to an authority, social service agency, or protective service agency if it is reasonably believed that you have perpetrated abuse, neglect, or domestic violence on another party.
- 3) *Imminent Threat* – this office may disclose your health information to an authority, social service agency, or protective service agency if it is reasonably believed that you pose an imminent threat or danger to yourself or other parties.
- 4) *Public Health* – as required by law, this office may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- 5) *Health Oversight Activities* – this office may disclose your health information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, government regulated programs, or compliance with civil rights laws.
- 6) *Payment* – this office may disclose your health information as required by a third-party payer for payment of services.