



HIPPA

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Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS

Effective Date of this Notice: April 14, 2003

Shrink Rap, Inc. (SR) is required by Federal and Florida law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at SR, please contact the Shrink Rap, Inc. HIPPA Privacy Officer at the contact data on the letterhead above.

How SR may use and Disclose Your Health Information, SR, including members of its workforce, collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of SR, but the information in the medical record belongs to you. SR protects the privacy of your health information. Federal law permits SR to use or disclose your health information (but not your "Highly Confidential Information") as defined below without your authorization for the following purposes.

Treatment. We may use or disclose your health information to a physician or other healthcare provider involved in your treatment. In addition, we may contact you to provide appointment reminders or information about alternatives treatment or other health-related benefits and services that may be of interest to you.

Payment. We may use or disclose your health information to obtain payment or to reimburse you for services that we provide to you.

Health Care Operations. We may use and disclose your health information in connection without healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs. We may also disclose health information to your other health care providers when such health information is required for them to treat you, receive payment for services they render to you, to conduct certain health care operations. In addition, we may share your health information with our business associates who perform treatment, payment or health care operations on our behalf.

Notification and communication with family and friend. We may disclose you health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care, about your location, your general condition. If you are able and available to agree or object, our health professional will use their best judgment in communication with your family and others.

Averting a Serious Threat to Health or Safety. We may and/or disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Required by Law. As required by Federal or Florida Law, we may use and disclose your health information without your authorization.

Public Health: SR may disclose health information about you to public authorities for purpose related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problem with products and reactions to medications; and reporting disease or infection exposure.

Health Oversight Activities

We may disclose your health information to health agencies that oversee the health care system during the course of audits, investigations, inspections, licensure and other proceedings.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding. If we do not receive a legal order, we may disclose your health information in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of court or administrative tribunal, if: a) we receive satisfactory assurance from the party seeking the health information that reasonable efforts have been made by such party to ensure that you have been given notice of the request; or b) we receive satisfactory assurance from the party seeking the health information that reasonable efforts have been made by such party to secure a qualified protective order.

Law Enforcement

We may disclose health information if asked to do so by law enforcement officials for purposes such as identifying of location a suspect, fugitive, material witness or missing person complying with a court order or subpoena and other law enforcement purposes.

Workers Compensation

SR may disclose your health information as necessary to comply with workers compensation laws.

Specialized Government Functional: SR may disclose your health information for military, national security, or prisoner benefits purposes.

Change of Ownership

In the event that SR is sold or merged with another organization, your health information/record will become the property of the new owner.

When SR May Use or Disclose Your Health Information

Upon your authorization except as described in the Notice of Privacy Practices, SR will not use or disclose your health information without your written authorization. For instance, you will need to execute an authorization form before we can send PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved. We must obtain your authorization prior to using your health information to send you any marketing materials or utilizing your health information for solicitation or marketing the sale of goods or services.

In addition, Federal and Florida Law imposes special privacy protections for “Highly Confidential Information”: which is Psychotherapy Notes and the subset of your health information that is related to: 1) treatment of mental illness; 2) alcohol and drug abuse treatment program services; 3) HIV/AIDS testing; 4) child abuse and neglect; 5) sexual assault; and 6) genetic testing. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by laws regulating Highly Confidential Information, we must obtain your authorization.

If you do authorize SR to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time (unless we have relied on such authorization).