

Ketty Patiño González, Ph.D.

Licensed Psychologist

Sophie Guellati-Salcedo, Ph.D.
Licensed Psychologist
sophie.guellati@gmail.com

5915 Ponce de Leon
Suite 49
Coral Gables, FL 33146

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGMENT OF RECEIPT.

Protecting Your Personal and Health Information

The office of Ketty Patiño González, Ph.D. is committed to protecting the privacy of patient personal and health information. Applicable State and Federal laws require us to maintain the privacy of our patients' personal and health information. This notice explains our office's privacy practices, our legal duties, and your rights concerning your personal and health information. In this notice, your personal health information is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, social security, or place and type of employment. We will follow confidentiality practices described in this Notice while it is in effect.

How We Protect Your Health Information

We protect your health information by :

- Treating all of your health information that we collect as confidential
- Restricting access to your health information to those clinical staff who need to know your health information in order to provide our services to you
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations regarding your health information.

Uses and Disclosures of Treatment, Payment, and Health Care Operations

The office of Ketty Patiño González, Ph.D. may use or disclose your health information for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- *Treatment* is when a clinician provides, coordinates, or manages your health or psychological services. An example would be if a psychologist talks to a child's teacher.
- *Payment* is when a clinician obtains reimbursement for your health care.
- *Health Care Operations* are activities that relate to the performance and operations of the office, such as audit, case management, and care coordination.

Uses and Disclosures Requiring Authorization

The office of Ketty Patiño González, Ph.D. may use or disclose your health information for purposes outside treatment, payment, or health operations if you authorize such further disclosure (or for purposes described below which may not require authorization). An *authorization* is a written permission above and beyond the general consent for treatment that permits only specific disclosures. If the Office is asked for information about

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you for purposes other than treatment, payment, or health care operations (for example, a school requesting the results of an educational assessment), we will obtain an authorization from you before releasing that information, except as provided below. You may revoke authorization at any time, provided each revocation is in writing.

Uses and Disclosures with Neither Consent or Authorization

This office may use or disclose your health information without your consent or authorization in the following circumstances:

- **To avert a serious threat to health or safety:** if you are deemed in danger of hurting yourself or someone who may be able to prevent the threat. This might include a family member, hospital, or the police.
- **Child or elder abuse or neglect:** any mental health practitioner who has serious reason to believe that a child or elderly person is in danger is required to report this concern to the Department of Children and Families or to the police.
- **Parents of minor children** have a right to know what is going on in the child's therapy. For purposes of therapy, however, parents may agree to grant the minor privacy in therapy.
- **Allegations of sexual misconduct by a license health care provider** must be reported to the Florida Department of Health.
- **Lawsuits and disputes:** if you are involved in a lawsuit in which you raise the issue of your mental health, we may be required to disclose your health information in response to a court or administrative order.
- **Health oversight activities:** if you file a formal complaint against a clinician in this office, and the Board of Psychological Examiners investigates it, the office may be required to disclose your health information regarding your case.
- **Storage facility:** the agency that stores our old files has access to your name and identification number but has signed an agreement with us stating that they have no access to the contents of the files.

**Patient Acknowledgment of Receipt of
Notice of Privacy Practices**

I, _____, have received a copy of the Notice of Privacy Practices from
the office of Ketty Patiño González, Ph.D.

Signature

Date

For Office Use Only

We have made a good faith effort to obtain written acknowledgment of receipt of the Notice of Privacy Practices. Acknowledgment could not be obtained for the following reason(s):

Patient/Individual refused to sign (date of refusal) _____

Communication Barriers prohibited obtaining an acknowledgment _____

An emergency situation or crisis prevented obtaining an acknowledgment _____

Other (explain) _____

Attempt was made by: _____