



GARIN DOUGLAS VICK, Psy.D.

CLINICAL & FORENSIC PSYCHOLOGY

NOTICE OF PRIVACY PRACTICES – BRIEF VERSION

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

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full, legally required NPP and you may have a copy of this to read and refer to it for more information. However, not all possible situations can be covered, so please ask Dr. Vick, about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities which are called, in the law, health care **operations**. After you have read the NPP we will ask you to sign a **consent form** to let us use and share your information. If you do not consent and sign this form, we cannot evaluate/treat you or your child.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you to sign an authorization form to allow this.

Of course, we will keep your health information private but there are some times when the laws require us to use or share it. For example:

- When there is serious threat to your child's health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
- Some lawsuits and legal or court proceedings
- If a law enforcement official requires us to do so.
- For Workers Compensation and similar benefit programs

There are some other situations like these but which do not happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

- You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
- You have the right to look at the health information we have about you such as your medical and billing records. *You can even get a copy of these records but we may charge you. Contact Dr. Vick to arrange how to see your records. See below
- If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and sent it to Dr. Vick. You must tell us the reasons you want to make the changes.

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FAMILY FOCUSED



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- You have a right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy from Dr. Vick.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Dr. Vick and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Vick by phone at (813) 689-2525.

The effective date of this notice is March 01, 2005.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of this office's notice of privacy practices.

Patient name: _____

Signature: _____ Date: _____

***It is your right to refuse to sign this document.**

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