



Welcome to the:

Office of Maureen “Midge” Lansat, LMHC

Please find included in your welcome packet:

- 1. Introduction to Maureen “Midge” Lansat, LMHC*
- 2. Office Procedures*
- 3. Notice of Privacy Practices*
- 4. If there’s a problem*

This Office Is HIPAA Compliant

Office of Maureen (Midge) Lansat, LMHC

Welcome! In an effort to serve you more efficiently and to help establish a trusting relationship, I have found that an understanding of our policies prior to our first session will answer many of your questions as well as minimize any misunderstandings.

Qualifications/Experience:

I am pleased that you have selected me as your counselor. I am accredited by the State of Florida as a Licensed Mental Health Counselor.

Nature of Counseling:

I am a state licensed Supervisor in Florida and a Licensed Mental Health Counselor who specializes in individual, group and relationship therapy. I was certified in 1975 as an Educator and Counselor. and have been Licensed as a Mental Health Counselor since 1996 (for License verification go to: <http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>). I completed post-graduate work in Family Systems in 1993. In 2004, I was certified in Imago Therapy.

Cancelled Appointments:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Fees:

The counseling fee or co-pay is due at time of service. We accept cash, check, Mastercard, Visa, and American Express.

In Case of Emergency:

If there is an emergency and you are unable to contact your counselor, please call 911, your Primary Care Physician, or if in Palm Beach County, call Mobile Crisis at 561-383-5777.

Social Networking:

I do not accept friend requests from current or former clients on social networking sites, such as Facebook. Adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality.

E-mails, Cell Phones, Faxes, Texts

Email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Also, emails, faxes, and important texts are part of the medical records. Additionally, my emails and texts are not encrypted. Please notify the Privacy Officer if you decide to avoid or limit in any way the use of any or all communication devices, such as email, cell phone, texts, or faxes. If you communicate confidential or private information via email or texts, we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email.

Please read the following if you receive telephone counseling:

1. Please be aware of possible misunderstandings with telephone based modalities since nonverbal cues are relatively lacking.
2. The counselor has a right to her privacy and may wish to restrict the use of any recordings the client makes of their communications.
3. When the you and the counselor do not meet in person, you may be less able to assess the counselor and to decide whether or not to enter into a treatment relationship with her.
4. At any time, you can choose to receive counseling services in person.
5. In the case of a minor, consent will be obtained from a parent, legal guardian or other authorized party – and the identity of that party will be verified.
6. The counselor will remain with her boundaries of competence and not attempt to address a problem via telephone if she would not attempt to address the same problem in person.
7. The counselor and you shall agree on the frequency of communication, the method of determining the fee, estimated cost to you (the client), and method of payment.
8. The counselor shall adequately evaluate the client before providing any mental health services via telephone. The client should understand that the evaluation could be potentially helped or hindered by communicating via telephone.
9. The counselor will maintain records of telephone counseling services. If those records include copies or recordings of communications, you will be informed.
10. Ask the counselor to inform you how long it takes her to respond to a Voice Mail Message.
11. Please be informed that the telephone number you are provided for counseling and Voice Mail is only heard by the counselor.
12. If there is an emergency and you are unable to contact your counselor, please call 911, your Primary Care Physician, or if in Palm Beach County, call Mobile Crisis at 561-383-5777.

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.

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws. Because the rules are so complicated some parts of this Notice are quite detailed and you probably will have to read them several times to understand them. If you have any questions our Privacy Officer will be happy to help you. His or her name and address are at the end of this Notice.

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A. Introduction - To our clients

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996, and the updated HIPAA 5010 standards as of January 1, 2012. Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanation or more details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other healthcare provider information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the

law, PHI which stands for Protected Health Information. This information goes into your medical or healthcare record or file at office. In this office this PHI is likely to include these kinds of information:

- Your history.: As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, needs, goals.
- Diagnoses: Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services which we think will best help you.
- Progress notes: Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking
- Legal matters
- Billing and insurance information

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend (add information to) your record (although in some rare situations we don't have to agree to do that). Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

C. Privacy and the laws

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices or NPP**. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time and it will be posted on our website at: www.healingandcreativearts.org.

D. How your protected health information can be used and shared

When your information is read by me or others in this office that is called, in the law, use. If the information is shared with or sent to others outside this office, that is called, in the law, disclosure. Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization from unless the law lets or requires us to make the use or disclosure without your authorization. However; the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

1. Uses and disclosures of PHI in healthcare with your consent

After you have read this Notice you will be asked to sign a separate Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other functions called health care operations. Together these routine purposes are called TPO and the Consent Form allows us to use and disclose your PHI for TPO. Re-read that last sentence until it is clear because it is very important.

1a. For treatment, payment, or health care operations

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore you must sign the Consent form before we begin to treat you because if you do not agree and consent we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these are about.

For treatment

We use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record and so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment

We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things.

For health care operations

There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders, and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

1 b. Other uses in healthcare

Appointment Reminders. We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.

Research. We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include a copy service we use to make copies of your health record and a billing service who figures out, prints, and mails our bills. These business associates need to receive some of our PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

2. Uses and disclosures requiring your Authorization

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an Authorization form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

3. Uses and disclosures of PHI from mental health records Not requiring Consent or Authorization

The laws lets us use and disclose some of your PHI without your consent or authorization in some cases.

When required by law

There are some federal, state, or local laws which require us to disclose PHI.

We have to report suspected child abuse.

If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.*

We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

For public health activities

We might disclose some of your PHI to agencies which investigate diseases or injuries.

Relating to decedents **

We might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety *** If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. Uses and disclosures requiring you to have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about what you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

5. An accounting of disclosures

When we disclose your PHI we keeps some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

E. Your rights regarding your health information

1. 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.

2. 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.

3. 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 our Privacy Officer to arrange how to see your records. See below.

4. 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 send it to our Privacy Officer. You must tell us the reasons you want to make the changes.

5. You have the right to a copy of this notice. If we change this NPP we will post the new version on our website and you can always get a copy of the NPP from the Privacy Officer.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer 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.

F. Social Networking, Emails, Cell Phones, Faxes and Texts

We do not accept friend requests from current or former clients on social networking sites, such as Facebook. Adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality.

Email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Also, emails, faxes, and important texts are part of the medical records. Additionally, my emails and texts are not encrypted. Please notify the Privacy Officer if you decide to avoid or limit in any way the use of any or all communication devices, such as email, cell phone, texts, or faxes. If you communicate confidential or private information via email or texts, we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email.

I. If you have questions or problems

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Maureen Lansat and can be reached by phone at 561-373-4697.

The effective date of this notice is February 17, 2009, revised on December 16, 2012.

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Is There a Problem?

If you are not satisfied with your experiences in our office we want to hear from you so that we can provide our services to you in ways that we both find satisfactory.

If you have a problem with anything about our practice, please, speak to Maureen Lansat.

If the problem is with your insurance, bills, or payment, talk to Maureen Lansat

at 561-373-4697. If the problem is with your therapy, talk to your therapist. If you believe there has been some kind of violation of the confidentiality or the privacy of your records speak to our Privacy Officer, Maureen Lansat, and let us clarify and fix the situation. If you don't know whom to talk to about a problem ask our Privacy Officer, Maureen Lansat at 561-373-4697.

If you are not satisfied or the problems still continues please fill out this simple form and I assure you it will be investigated, we will try our best to fix it, and to repair any damage that has been done. Also, I assure you that we will not in any way limit your care here or take any actions against you if you bring a problem to our attention.

Note: You do not have to put your name on this form if you do not want to. Thank you.

Client's name _____ Date of birth _____

Telephone number _____

Client's address _____

What is or was the problem? _____

What would you like to see done about the problem? _____

Signature of client or his or her personal representative

Date