

How I May Use or Disclose Your Child's Health Information

For Treatment: I may use or disclose your child's health/psychological information to provide your child with medical treatment or other services. For example, a healthcare provider, such as a dentist, hygienist, or other person providing dental health services to your child, will record information in your child's medical record that is related to your child's treatment. This information is necessary for healthcare providers to determine what treatment or other services your child should receive. Healthcare providers will also record actions taken by them in the course of your child's treatment and note how your child responds to the actions.

For Payment: I may use and disclose your child's health information to others for purposes of receiving payment for treatment. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies your child, your child's diagnosis, and treatment or supplies/medications used in the course of treatment/psychological services.

For Healthcare Operations: I may use and disclose health/psychological information about your child for operational purposes. For example, your child's health/psychological information may be disclosed to members of the clinical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance;
- Assess the quality of care and outcomes in your child's cases and similar cases;

- Learn how to improve my facilities and services; and
- Determine how to continually improve the quality and effectiveness of the healthcare I provide.

In addition, I may disclose your child's health information to other healthcare providers or entities for their operational purposes under limited circumstances and only if they have had a relationship with you and your child to which your information pertains.

Appointments: I may use your child's information to provide appointment reminders, results of tests or health information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required by Law: I may use and disclose your child's health information as required by law. For example, I may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement personnel in their law enforcement duties.

Public Health: Your child's health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Patient Education: I may use your child's information to contact you about treatment

options and other health-related topics. These include disease-management programs.

Health and Safety: Your child's health information may be disclosed to avert a serious threat to the health and safety of your child or any other person pursuant to applicable law.

Government Functions: Your child's health information may be disclosed to specialized governmental functions such as protection of public officials or reporting to various branches of the armed services that may require use of disclosure to your child's health information.

Individuals involved in your child's care or payment for your child's care. I may release information about your child to a family friend or family member who is involved in your child's medical care. I may also give information to someone who helps pay for your child's care.

Your Child's Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your child's information as provided; however, I am not required to agree to a requested restriction;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your child's health record as provided for by my policy and procedures;
- Amend your child's health record as provided for by my policy and procedures;
- Request communications of your child's health information by alternative means or at alternative locations;

- Revoke your authorization to use or disclose health information about your child except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your child's health/psychological information.

To exercise these rights, contact our Privacy Officer at the address on the back panel of this Notice.

My Obligations

I am required to:

- Maintain the privacy of your child's protected health/psychological information;
- As parent/legal guardian, provide you with this Notice of our legal duties and privacy practices with respect to your child's health/psychological information;
- Abide by the terms of this Notice; and
- As parent/legal guardian, obtain your written authorization to use or disclose your child's health/psychological information for reasons other than those listed above and permitted under law.

Changes to this Notice I reserve the right to change our information practices and to make the new provisions effective for all protected health information I maintain, including the information I obtained prior to the change. Revised notices will be made available to you upon request by contacting our Privacy Officer at the address on the back of this Notice.

AMC/Rev. 1-2017

Complaints

If you have questions about this notice, disagree with a decision I make about access to your child's records, or have other concerns about your child's privacy rights, you may contact Dr. Alessandra Chiesa at (727) 510-3352.

If you believe that your child's privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Dr. Alessandra Chiesa, P.O. Box 531482, St. Petersburg, FL 33747.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

Your child have specific rights under the Privacy Rule. I will not retaliate against you or your child for exercising your right to file a complaint.

I am committed to protecting the confidentiality of your child's health information. I use, disclose and also share health information about your child only as necessary for your child's treatment/evaluation, to obtain payment for treatment, for operational purposes, including administrative purposes, and to evaluate the quality of care that your child received. Your child's health information is contained in a medical record that is the physical property of Dr. Alessandra Chiesa.

Alessandra Chiesa, Ph.D.

Licensed Psychologist
FL License #PY6202

NOTICE OF

PRIVACY PRACTICES For Carella & Associates, LLC

THIS NOTICE DESCRIBES HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS AS PARENT/LEGAL GUARDIAN TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY.

Office Address:
5500 MLK Street North
St. Petersburg, FL 33703

Mailing Address:
P.O. Box 531482
St. Petersburg, FL 33747