

Dolores (Lolita) B. Grohmann, LMFT

Marriage & Family Therapist-Lic. # MT 1891

Bridgewater Professional Park-4913 Van Dyke Rd

Lutz, Fl 33558 - Ph. 813-924-3491

Notice of Privacy Practices

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.

This practice is dedicated to maintaining the privacy of your personal health information. State law requires that no information about your treatment can be given without your permission. The only exceptions to this are 1) if it is believed that there is clear and present danger of harm to anyone, 2) if a judge requires specific information in a court case, 3) if it is suspected that a criminal offense of child, disabled adult, or elderly abuse or neglect has occurred.

Treatment covered by insurance requires authorization to release information to your insurance provider, in order to obtain treatment approval and to bill for services. If there is a need to use or disclose your personal information for any other reason, this will be discussed with you and you will be asked to sign an authorization of release.

The recently enacted Health Insurance Portability and Privacy Act of 1996 (HIPPA) requires us to provide this privacy policy. This notice of privacy practices is a summarized version of the full policy that is available in the office. Please ask if you would like to review it.

When we access, diagnose, treat or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. This information will be used to decide what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or who need it to arrange payment for your treatment or to perform other healthcare operations, provided that this is not in violation of state law. We will disclose the minimum information necessary. You have a right to ask and be told to whom your PHI has been released. You have the right to request in writing that disclosure of your PHI be restricted. While the therapist is not required to agree to the request, if the therapist agrees to the restriction, that agreement will be honored. There may be changes to this policy, and if there are changes, those changes will be posted in the office for review.

Please feel free to discuss any questions or concerns you may have with me.