

*Life happens even to the most successful and accomplished person.*

*At times, you may feel you could use some help and support to deal with life's stressors, anxieties, depression, grief, or relationship issues.*

*In my office, I provide a safe and secluded environment for people to thrive and improve their well-being.*

*I also specialized in Pregnancy, Infertility, Adoption, Perinatal loss, and Postpartum Issues.*

**Rosana Marzullo-Dove, PsyD**  
(Doctor of Clinical Psychology)

912 West Platt St. Suite 101  
Hyde Park - South Tampa, FL 33606

3000 Gulf to Bay Blvd. Suite 310  
Clearwater, FL 33759

[www.MarzulloDove.com](http://www.MarzulloDove.com)  
[www.ReproductivePsychCenter.com](http://www.ReproductivePsychCenter.com)



*“My life has been enriched by Dr. Rosana.”*  
(Male, married, 50's – Individual Therapy)

**Dr. Rosana Marzullo-Dove, Psy.D.**

Licensed Psychologist

912 West Platt Street, Suite 101 Tampa, FL 33606  
3000 Gulf to Bay Blvd. Suite 310 Clearwater, FL 33759

drmarzullodove@gmail.com  
(813) 613-8587

#### FLORIDA HEALTH INFORMATION NOTICE FORM

Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

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

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment and health care operations purposed with your consent. To clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you.
- Treatment and Health Care Operations
  - Treatment is the provision or management of your health care and other services related to your health care. An example of treatment would be when I might need to consult with another health care provider, such as a family physician or another mental health counselor or psychologist.
  - Health Care Operations are activities that relate to the performance and operation of this practice. Examples of health care operations include business-related matters such as audits and administrative services, and case management and care coordination.
- Use applies only to activities within this practice, such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes made during an individual, private, group, joint, or family counseling session, which I keep separate from the rest of your medical record.

These notes are given a greater degree of protection than your PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have previously relied on that authorization.

### III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If there is reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me with the Florida Department of Health on behalf of the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings (federal, state, or county):** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and have failed to inform me that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance in these cases.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, I may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

### IV: Patient's Rights and Counselor's Duties

#### Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, when you may not want a family member to know you are seeing me).
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI and my mental health records used to make decisions about your care for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### Mental Health Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless notified of such changes, however, I am required to abide by the terms currently in effect.
- If I revise policies and procedures, you will be provided with the written notification of revisions on or before the effective date.

### IV. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision made about access to your records, you may contact me at **(813) 613-8587**.

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

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. I will provide you with a revised notice by mail on or before its effective date.

### FLORIDA HEALTH INFORMATION and PRIVACY NOTICE

I have read and reviewed, and been offered an opportunity to discuss with Rosana Marzullo-Dove, Psy.D., FL Provisional Psychologist Licensee, the Florida Notice of Policies and Practices to Protect the Privacy of Your Health Information. I understand the content of this information and my rights and responsibilities with regard to the privacy of my health information.

Name \_\_\_\_\_

Signature \_\_\_\_\_ / /  
Date

I have been provided with a copy of the Florida Notice of Policies and Practices to Protect the Privacy of Your Health Information by Dr. Marzullo-Dove.

Signature \_\_\_\_\_ / /  
Date

If signing for a minor, please give minor's name and age below:

Name \_\_\_\_\_ Age \_\_\_\_\_