

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.**

About This Notice

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices regarding that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your protected health information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another healthcare provider, a health plan, your employer, or a healthcare clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payment for your healthcare.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Right to Inspect and Copy

- You can ask to see or get an electronic or paper copy of your medical record and other health information except for psychotherapy notes. Ask us how to do this.
- We will provide a copy or a summary of your health information, upon your request. We may charge a reasonable, cost-based fee.

Right to Request a Correction of Your Medical Record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Right to Request Confidential Communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Right to Request Restrictions

- You can ask us not to use or share certain protected health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

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- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

Right to a List of Disclosures

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information Special Privacy Protections apply to HIV-related information, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of protected health information. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (called a “Part 2 Program”) through a general consent you gave that program for treatment, payment, and/or healthcare operations, we may use and share your record for those same purposes as explained in this Notice, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you. We will never use or share your Part 2 Program record, or any testimony about what is in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceeding by any federal, state, or local authority against you, unless you give written permission or a court issues an order after notifying you.

Request a Copy of this Privacy Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Right to Choose Someone to Act for You

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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Right to File a Complaint if You Feel Your Rights are Violated

- You can file a complaint if you feel we have violated your rights by contacting us using the information at the bottom of the page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your protected health information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

How We May Use and Disclose Your Health Information

We may use and disclose your health information in the following circumstances:

For Treatment:

We may use your protected health information and share it with other healthcare professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

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For Payment

We may use and share your protected health information to bill and receive payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

For HealthCare Operation

We may use and share your protected health information for our healthcare operations, improve your care, and contact you when necessary. *Example: we may use your health information for checking on the performance of our staff in caring for you, for our general business management activities, or for audits.*

As Required by Law

We will share protected health information about you when required by state or federal laws, including with the Department of Health and Human Services.

Help with Public Health and Safety Issues

We may share protected health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Organ and Tissue Donation Requests

If you are an organ or tissue donor, we may share your protected health information with organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors

We may share protected health information with a coroner, medical examiner, or funeral director when an individual dies as requested so they can carry out their duties.

Business Associates

We may share protected health information with our business associates who perform functions on our behalf or provide us with services if the protected health information is necessary for those functions or services. *Example: we may use another company to do our billing, or to provide transcription or consulting services for us.* All our business associates are obligated, under contract with us, to protect the privacy of your protected health information.

Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share protected health information about you:

- For workers' compensation claims

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- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to Lawsuits and Legal Actions

We may share protected health information about you in response to a court or administrative order, or in response to a subpoena.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your protected health information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.