

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts of visits for healthcare services with our practice. PHI is information about you, including demographic information, (i.e., name, address, phone, etc.). That may identify you and relate to your past, present, or future physical or mental health condition and related health services.

Our practice is legally required to maintain the confidentiality of your PHI, and to follow specific rules when using or disclosing this information. This notice describes your rights to access and control your PHI. It also describes how we follow applicable rules when using or disclosing your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this notice of our Privacy Practices. We are required by law to follow the terms of this notice. We reserve the right to change the terms of the notice, and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a copy of our current Notice. If you call our office and request a copy be sent to you in the mail or ask for one at the time of your next appointment. The notice will also be posted in a conspicuous location in the practice, and if such is maintained on the practice's website.

You have the right to authorize other use and disclosure. This means we will only use or disclose your PHI as described in this notice unless you authorize other use or disclose in writing. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intend to sell your PHI. You may revoke an authorization at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in relevance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication. This means you have the right to ask us to contact you about your medical matters using an alternative method (i.e., email, fax, telephone), and/or to a designation i.e. (cell phone number, alternative address, etc.) designed by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than address/phone number that we have on file. We will follow all reasonable request.

You have the right to inspect and obtain a copy of your PHI. This means you may submit a written request to inspect or obtain a copy of your complete health record, or to direct us to disclose your PHI to a third party. If your health record is maintained electronically, you will have the right to request a copy in electronic format. We have the right to charge a reasonable, cost-based fee for a paper or electronic copies as established by federal guidelines. We are required to provide you with access to your records within 30 days of your written request unless an extension is necessary. In such cases, we will notify you of the reason of the delay, and the expected date when the request will be fulfilled.

You have the right to request a restriction of your PHI. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in an emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request in writing that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out of pocket. We are not permitted to deny this specific type of requested restriction.

You have the right to request an amendment to your PHI. This means you may submit a written request to amend your PHI as long as we have maintained this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability. You may submit a written request for a listing of disclosures we have made of your PHI to entities or persons outside of our practice, except for those made upon your request, or for purposes of treatment, payment or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.

You have the right to receive a privacy breach notice. You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines that notification is required.

* If you have any questions regarding your privacy rights or would like to submit any type of written request described here, please feel free to contact our privacy manager. Contact information is provided at the bottom of this page.

How We May Use or Disclose Protected Health Information:

Following our examples of uses and disclosures to your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of use or disclosures.

Treatment – We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination of management of your healthcare with a third-party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We would also disclose PHI to other healthcare provider who may be involved in your care and treatment.

Payment - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits. If you use a credit card to pay for services, we may be asked to provide your PHI as evidence to your banker/credit card service as proof that services were provided to you. By using a credit card for our services, you agree that if requested by your credit card as proof of services, you consent to allowing us to provide necessary PHI to ensure payment is received and secured for the services you receive.

Healthcare Operations - We may use or disclose, as needed, your PHI, in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions, and patient safety activities.

Special Notices- We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results for exams or test, to provide information that describes or recommend treatment alternatives regarding your care, or to provide information about health-related benefits, and services offered by our office. We may send you secure text message reminders for upcoming appointments or notifications of changes to your scheduled appointment.

We may contact you regarding fundraising activities, but you will have the right to opt out of receiving further fundraising communications. Each fundraising notice will include instructions for opting out.

Health Information Organizations - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purpose of treatment, payment, or healthcare operations.

To Others Involved In Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary. If we determined that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your general condition or death. If you are not present, or able to agree or object to the use of or disclosure of PHI. (e.g., in a disaster relief situation), then, your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures- we are also permitted to use or disclose your PHI without your written authorization, or providing you an opportunity to object, for the following purposes: if required by state or federal law; for public health, activities, and safety issues (e.g., a product recall); for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner, or funeral, Director; to respond to organ or tissue donation request; to address worker's compensation, law enforcement, and certain other government request, and for specialized government functions (e.g., military, national security, etc.); with respect to a group health plan, to disclose information to the health plan sponsor for plan administration; and if requested by the Department of Health and Human Services, in order to investigate, or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

You may question about your privacy rights, file a complaint, or submit, a written, request, (for access, restriction, or add amendment to your PHI, or to obtain a disclosure accountability) by notifying our **Privacy Manager at 616-451-4500**.