



## **NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA)

**I. 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.**

**II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment of this healthcare. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice. PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside my practice. With some exceptions, I may not use or disclose any more than your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

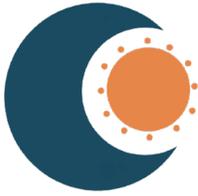
However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice. The new Notice will be available upon request.

**III. HOW I MAY USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment, or Healthcare That Do Not Require Your Prior Written Consent.**

- 1. For treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are involved in your care. For example, if you are being treated by a psychiatrist, I can disclose your PHI to your psychiatrists in order to coordinate your care.
- 2. To obtain payment for treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For



example, I might send your PHI to your insurance company or health plan to get paid for the healthcare services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my healthcare claims.

3. **For healthcare operations.** I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of healthcare services that you received or to evaluate the performance of the healthcare professionals who provided such services to you. I may also provide your PHI to my accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.
  4. **Lawsuits and disputes.** If you are involved in a lawsuit, I may disclose your PHI in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  5. **Other disclosures.** I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment as long as I try to get your consent after treatment is rendered or if I try to get your consent but you are unable to communicate with me (e.g., if you are unconscious or in severe pain) and I think you would consent to such treatment if you were able to do so.
- B. **Certain Uses and Disclosures Do Not Require Your Consent.** I can use and disclose your PHI without your consent or authorization for the following reasons:
1. **When disclosure is required by federal, state, or local laws; judicial or administrative proceedings; or law enforcement.** For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding.
  2. **For public health and safety reasons.** In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
  3. **To coroners or medical examiners,** when such individuals are performing duties authorized by law.
  4. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
  5. **For research purposes.** In certain circumstances, I may provide PHI in order to conduct mental health research.

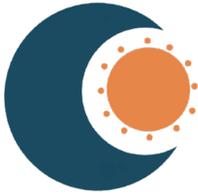


6. **For specific government functions.** I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for security purposes such as protecting the President of the United States or conducting intelligence operations.
  7. **For workers' compensation purposes.** I may provide PHI in order to comply with workers' compensation laws.
  8. **Appointment reminders and health-related benefits or services.** I may use PHI to provide appointment reminders or to give you information about treatment alternatives or other healthcare services or benefits I offer.
- C. **Certain Uses and Disclosures Require You to Have the Opportunity to Object.**
1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- D. **Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situations not described in sections III A, B and C above, I will ask your written authorization to disclose your PHI and you can later revoke such authorization in writing to stop any future use and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

#### IV. **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how to use and disclose your PHI. I will consider your request but I am not legally required to accept it. If I accept your request I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I'm legally require or allowed to make.
- B. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
- C. **The Right to Choose How I Send PHI to You.** You have the right to ask that I send information to you to an alternate address (e.g., sending information to your work address rather than your home address) or by alternative means (e.g., email instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format requested.
- D. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that I have but you must make the request in writing. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in



writing, my reasons for the denial and explain your right to have my denial reviewed.

- E. **The Right to Get a List of the Disclosures I Have Made.** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or healthcare operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving your written request. The list I will give you will include disclosures in the last 6 years unless you request a shorter time. The list will include the date of the disclosure, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year I will charge you a reasonable cost-based fee for each additional request.
- F. **The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the changes to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
- G. **The Right to Get This Notice by Email.** You have the right to get a copy of this Notice by email. Even if you have agreed to receive the Notice via email you also have the right to request a paper copy of it.
- V. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**  
If you think that I may have violated your privacy rights or you disagree with a decision I made about access to your PHI, you may file a complaint with me directly. You may also 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). I will take no retaliatory action against you if you file a complaint about my practices.



**VI. EFFECTIVE DATE OF THIS NOTICE.**

This notice went into effect on October 28, 2021.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. Your signature below indicates that you have read, understood, and agree to the items contained in this document, and that you have received a copy of the HIPAA Notice of Privacy Practices.

PATIENT SIGNATURE \_\_\_\_\_

PATIENT PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_