

Your Rights

You have the right to:

1. **Get a copy of your medical record** – You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.
2. **Ask us to correct your medical record** – If you believe that health information we have about you is incorrect or incomplete, you can ask us to amend your records. We may say “no” to your request, but we’ll provide an explanation within 60 days.
3. **Request confidential communications** – You can ask us to contact you in a specific way (for example, calling your cell phone) or to send mail to a different address. We will accommodate all reasonable requests.
4. **Ask us to limit what we use or share** – You can request that we do not use or share certain health information for treatment, payment, or healthcare operations. We are not required to agree to your request, and we may deny it if it would affect your care.
5. **Get a list of those with whom we’ve shared information** – You can request a list of the times we have shared your health information for six years prior to your request, including who we shared it with and why.
6. **Get a copy of this privacy notice** – You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically.
7. **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 on your behalf.
8. **File a complaint if you feel your rights are violated** – If you believe we have violated your privacy rights, you can file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, let us know. This includes:

- Sharing information with your family, close friends, or others involved in your care
- Sharing information in a disaster relief situation
- Including 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.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

1. **For Treatment** – We can use your health information and share it with other professionals who are treating you.
2. **For Payment** – We can use and share your health information to bill and get payment from health plans or other entities.
3. **For Healthcare Operations** – We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Other ways we may use or disclose your information:

- To comply with legal requirements
- To address workers' compensation, law enforcement, and other government requests
- To prevent or reduce a serious threat to anyone's health or safety

We will not share your information other than as described here without your written consent.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 provide you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing or verbal permission. If you tell us we can, you may change your mind at any time by notifying us in writing or verbal.
- We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.
- We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

- If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. • Specialized Government Functions. We may review requests from U.S.
- We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

TREATMENT

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

PAYMENT

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

HEALTHCARE OPERATIONS

We may need to use information about you to review or support our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

For more information, please see:

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