



HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used; please review it carefully.

I. PROTECTED HEALTH INFORMATION (PHI)

-PHI is information that is created in the process of assessment and treatment and contains identifying information. It contains data about health conditions, past and present, services provided and payment information.

-Law requires that this information is protected, and Notice is provided as to WHEN, HOW, and WHY PHI may be used within the practice and/or disclosed to a third party. Only necessary information is used or disclosed. If these policies change, this Notice will be updated and posted; changes will be retroactive to beginning date of service.

II. WHEN, HOW and WHY PHI MAY BE USED/DISCLOSED

- A. Prior Written Consent Is NOT Needed for Disclosure or Use Related to Treatment, Payment or Health Care Operations
1. Treatment. Sharing information with health care providers involved in your care does not require written consent.
 2. Health Care Operations. PHI may be used to facilitate correct operation of the practice (i.e. accounting, legal and consulting services used by the practice).
 3. Payment. Billing and Collection services that require use and/or disclosure of PHI, such as billing the insurance company do not require prior consent.
 4. Other Disclosures.
 - a. Emergencies.
 1. Incapacitated. Disclosure of PHI to coordinate treatment (i.e. you are unconscious).
 2. Dangerousness. Mental status indicates danger to self, others or property of others.
 - b. Contact client for appointment reminders, benefits and services of interest.
 - c. Legally required by subpoena or court-order to release PHI
 - d. Abuse/Neglect suspected of Child, Disabled or Elderly.
- B. Prior Written Consent Is Required For Use And Disclosure Of PHI In Other Circumstances.
1. Family, Friends or Others – PHI may be shared in coordinating treatment or payment unless you object in part or in whole. You may revoke consent at any time. Emergencies may cover use of information as listed in I-A.4
 2. Other Situations – In any other situation not described in previous sections, written authorization will be required before using or disclosing your PHI. You may revoke consent at any time and limit information to be released.

III. YOUR RIGHTS.

A. The Right To See And Get Copies Of Your PHI.
Must be requested in writing and response given within 30 days of receipt of request. If denied a written explanation will be provided and can be appealed. There will be a charge of \$.25 per page. Summaries and Reports requested will also require a charge to be determined upon request.

B. The Right to Request Limits on Uses and Disclosures of Your PHI.

Request may not be granted as determined by HIPPA permitted use and disclosure. Limits will be included in your record in writing.

C. The Right to Choose How PHI is Sent to You.

Alternate address or method of sending will be granted if permissible without undue inconvenience.

D. The Right to Get a List of Disclosures Made.

Accounting of Disclosures Log is available at no cost (one copy/year), but will *not include* disclosures for treatment, payment or operations. Neither will it include disclosures made for national security purposes, to corrections or law enforcement nor those made before April 15, 2003.

E. The Right to Amend Your PHI.

-If you believe an error or omission of importance exists in your PHI, requests made in writing will be addressed within 60 days of receipt.

-Denials will be made in writing with an explanation as to why and how you can challenge the denial. And your request may be included in the PHI.

-Denials would occur if the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone else.

F. The Right to a Copy of This Notice.

IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.

If you feel your rights have been violated or you have an objection, you may file a complaint with me or you may send a written complaint to the Secretary of the Dept. of Health and Human Services at 200 Independence Ave. SW, Washington DC 20201. If you file a complaint, no retaliatory action will be taken against you.

V. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

I have read the above information regarding release and disclosure of my private health information and agree to the terms listed above.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____