

SUMMARY OF PRIVACY PRACTICES

I am required by law to follow the guidelines described in this summary. All associates with whom I collaborate or share professional responsibilities with are also bound by the same principles and conditions. This is a summary of privacy practices, but does not replace the full-a copy of which you may also receive upon request or may review at my office at any time. This notice describes how medical information about you may be used and disclosed and how you can access that. Neither this summary nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for the specific practice providing your treatment.

We may use your personal health information to:

- (1) Plan your treatment or services
- (2) Submit bills to your insurance, Medicaid, Medicare, or other third party payer.
- (3) Obtain approval in advance from your insurance company to determine whether payment for the treatment is covered by your plan or facilitate payment to a referring physician.
- (4) Perform healthcare operations such as sharing your information with business associates who need to use or disclose your information to provide a service for our medical practice (e.g. our billing company).
- (5) Exchange information with other state agencies as required by law.
- (6) Treat you in an emergency.
- (7) Treat you when there is something that prevents us from communicating with you.
- (8) Send you appointment reminders.
- (9) For certain types of research.
- (10) When there is a serious public health or safety threat to you or others.
- (11) To agencies involved in a disaster situation.
- (12) As required by state, federal, or local law; this includes investigation, audits, inspections, and licensure.
- (13) To law enforcement if you are a victim of a crime, if you are involved in a crime at our facility, if you have threatened to commit a crime, or if abuse of a minor is reported or suspected.
- (14) To a parent or guardian when a minor reports a life-threatening concern (e.g., threat of suicide or homicide).
- (15) To coroners, medical examiners, and funeral homes when necessary for them to fulfill their professional obligations.
- (16) When ordered to do so by a court or judge.
- (17) To federal officials involved in security activities authorized by law.
- (18) To a correctional facility if you are an inmate within that facility.

As a patient at our clinic, you have the right:

- (1) To ask that we communicate with you about the medical matters in a certain manner or at a certain location; this request must be made in writing.
- (2) To inspect and obtain a copy of your record; however, there are several exceptions provided by federal legislation – some of which are specific to mental health records.
- (3) To appeal our decision if we decide not to allow you to see all or some parts of your record.
- (4) To ask for the record to be changed if you believe you see a mistake or something that is incomplete; you must make this request in writing.
- (5) We may deny your request if: (a) we did not create the incorrect or inaccurate entry, (b) the information is not part of the file that we keep permanently, (c) the information is part of the file that we would ordinarily permit you to see; or (d) if we believe that the record is accurate or complete.

- (6) To require that we limit how we use or disclose the information about you. For example, a request that we NOT release information to your spouse or to a particular healthcare provider or agency; this request must be in writing and we are not obligated to comply with this request.
- (7) To know whom we have sent information about you for up to the last six years. The first request in a 12-month period is free of charge, but we may have to charge you for additional requests.
- (8) To have a paper copy of the Notice of Privacy Practices.
- (9) To file a complaint if you believe any of your rights have been violated; all complaints must be made in writing. You will not be penalized in any fashion for filing a complaint.
- (10) To authorize and or/direct us to release any of your personal information (including anything not described above). You may change your mind and remove this authorization at any time in writing.
- (11) If you wish to exercise any of these rights or to file a complaint, you should contact the Privacy Officer of the individual practice involved.

Acknowledgement of Receipt
Notice of Privacy Practices

I, _____, acknowledge that I have received the Notice of Privacy Practices.

Signature

Date