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HIPAA
Notice of Privacy Policy

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information, PHI) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

MY LEGAL DUTY

By HIPAA, I am required to give you this Notice about privacy practices, my legal duties, and your rights concerning your health information. I am also required by applicable federal and state law to maintain the privacy of your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 1, 2020, and will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that we maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make a new Notice available upon request.

You may request a copy of your notice at any time. For more information about my practices or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

Your Authorization: You may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Without written authorization, I will not disclose health information unless otherwise described in this notice.

Without specific written authorization, I am permitted to use and disclose your health care records for the purposes of:

Treatment, Payment, and Healthcare Operations: I may use or disclose your health information to provide, coordinate, or manage your health care and any related services, including a physician or other healthcare provider providing treatment for you. This may also include consultation with clinical supervisors or other treatment team members.

I may use and disclose your health information to obtain payment for services I provide to you. Examples of payment-related activities, which include 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, I will only disclose the minimum amount of PHI necessary for purposes of collection.

I may use or disclose, as needed, your health information in order to support the business activities of my practice, including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I 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.

Required by Law: I may use or disclose your health information when I am required by law to do so, or if a court of law orders your records.

Abuse, Neglect, or Threats of Harm: I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Public Safety: 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.

Appointment Reminders: I may disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) as requested.

Persons Involved in Care: I may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to object to such use or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on a determination using my professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information.

Medical Emergencies: I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Deceased Patients: I 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.

PATIENT RIGHTS

Access: In most cases, you have the right to inspect and copy your medical and billing records. You must submit your request in writing. You have the right to request your records in electronic form. If you request a copy of information, I may charge a fee for the costs and time of copying. I may deny your request to inspect and copy information in some circumstances.

Disclosure Accounting: You have the right to receive an accounting of disclosures of your health information and may submit a written request for this account. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in an emergency). If paying out of pocket for services, you may restrict the release of information to your insurance provider.

Amendment: You have the right to request in writing that I amend your health information. Your request must explain the reason for amendment. I may deny your request under certain circumstances.

Right to a Copy of This Notice: You have a right to a paper copy of this notice and may request this at any time. If you received this notice electronically, you have the right to receive it in writing.

Breach of Private Health Information: You will be notified in the case of any breach of unsecured health information.