

Notice of Privacy Practices

Bloom Healing Collective
Marina Pitsilos, PMHNP-BC

This notice went into effect on February 28, 2024.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by the privacy regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITEC Act).

Marina Pitsilos-Jarosz, PMHNP-BC, is a board- certified psychiatric nurse practitioner dedicated to maintaining the privacy of your personal health care records and information. A record is made that describes the treatment and services provided to you at each visit. Federal law requires specific privacy protections and patient rights related to the information I maintain that identifies you as a patient. Protected information includes demographic data and facts about your past, present, or future physical or mental health. I am required to maintain the privacy of your health information, to give you this notice describing my privacy practices, and to follow the terms of the notice currently in effect.

Practice will abide by the terms of this notice. We may revise this notice at any time. You can request a copy of our most current notice at any time. Revisions to the notice will be effective for all health care information this office maintains: past, present, or future.

I will not use or disclose your protected health information (PHI) without your authorization, except in the following situations:

Treatment: I may use and disclose your PHI to provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, pediatrician, or another psychiatrist.

Payment: I may use and disclose your PHI to obtain reimbursement for your healthcare or to determine eligibility or coverage. This also may include contacting you for unpaid balances or sending unpaid balances to a collection agency.

Health Care Operations: I may use and disclose your PHI for activities that relate to the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Treatment Options: I may use and disclose your PHI to inform you of treatment options or other health-related services which may be of interest to you.

Business Associates: I may use and disclose your PHI with other individuals or companies that perform various activities for, or on the behalf of, my office such as telephone services, computer services, electronic medical record (EMR) services, billing, or quality assurance. My business associates agree to protect the

privacy of your information.

Victims of Abuse, Neglect, or Domestic Violence: I may use and disclose your PHI to appropriate governmental agencies, such as Adult Protective Services (APS) or Department of Child Safety (DCS) if I reasonably believe that you or your child are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities: I may use and disclose your PHI for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations. If the Arizona Board of Nursing or Arizona Board of Psychiatric Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.

Judicial and Administrative Proceedings: I may use and disclose your PHI in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas. If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Threats to Public Health or Safety: If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If I believe there is an imminent risk you will inflict serious harm on yourself, I may disclose information in order to protect you.

Worker's Compensation: I may use and disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

Notification of Family: I may use and disclose PHI to notify or assist in notifying a family member or other persons responsible for your care of your location and general condition.

Communication with Family: I may use and disclose PHI to a family member, or other person you identify, the health information relevant to that person's involvement in your care.

Food and Drug Administration: I may use and disclose PHI to the FDA relative to adverse events, product defects, or post marketing surveillance information.

Law Enforcement: I may use and disclose PHI to law enforcement under the following circumstances: reporting required by certain laws (certain types of wounds), subpoenas or court orders, limited information concerning identification and location as requested by law enforcement, regarding suspected victims of crimes as requested by law enforcement, reporting death, crimes on our clinic premises, and crimes in emergencies.

Organ Procurement: I may use and disclose PHI if you are an organ donor for the purpose of tissue donation and transplant.

Funeral Director, Coroner, and Medical Examiner: I may use and disclose PHI to help them carry out their duties.

Emergency or Disaster Relief: I may use and disclose PHI in the event of an emergency or disaster relief as is relevant to the health and safety of others.

All other uses and disclosures of your information to others will require your written and signed authorization. You have the right to revoke your authorization at any time except to the extent that we have

already acted on it. Should you require your health records to be released, I will provide you with an authorization form to complete and return to the address listed on the form. Below is a list of your rights regarding individually identifiable health information. All requests related to these items must be made in writing. Once given, you may revoke the authorization in writing. Understandably, we are unable to take back any disclosure we have already made with your permission.

Appointment reminders and health-related benefits or services: I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes: I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes: As a provider, I will not use or disclose your PHI for marketing purposes.

Sale of PHI: As a provider, I will not sell your PHI in the regular course of my business.

Patient's Rights:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. This includes disclosure restrictions to only certain individuals, or entities, involved in your health care such as family members and insurance companies. However, I am not required to agree to a restriction you request but every effort will be made to do so. If we do agree, we are bound to the agreement unless disclosure is otherwise required or authorized by law.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.

Right to Access: Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

Right to Amend: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

Accounting of Disclosures: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. 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.

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 health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

Copy of Notice: You have the right to request a paper copy of this Notice of Privacy Practices.

Psychiatric Nurse Practitioner Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policy and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

Questions and Complaints:

If you have a question about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 708-557-7689.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

Effective Date and Changes to Privacy Policy:

This notice will go into effect on January 22, 2024. Any revisions will be made in writing and will be available in my office. Current patients will receive an updated copy of my policies and procedures in person in my office or via email. In either case, those patients will be required to fill out and sign an acknowledgement of receipt of updated policies.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.