

# Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

## Your Choices

### You have choices in the way that we use and share information as we:

- Inform others about your treatment
- Provide mental health care
- Market our services

➤ **See page 3** for more information on these choices and how to exercise them

## Our Uses and Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 & 4** for more information on these uses and disclosures

## Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper 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. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why within 15 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### 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 and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- If you are not satisfied with the outcome, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## 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 in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with others involved in your care
- Without written authorization, we may also share your information when needed to lessen a serious and imminent threat to health or safety including, but not limited to Child Abuse or Neglect, Elder Abuse, Judicial and Administrative Proceedings, Deceased Patients, Health Oversight and Medical Emergencies.

In these cases we *never* share your information unless you give us written permission to:

- Share for marketing purposes
- Most sharing of treatment records

## Our Uses and Disclosures

How do we typically use or share your health information?

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

**Treat you**

Besides the exceptions noted above, we will only share your health information with a signed Release of Information (ROI).

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run Our Organization**

We can use and share your health information to run our practice, improve your care and contact you when necessary. We may share your health information with third parties that perform various business activities provided we have a written Business Associate Agreement (BAA) that requires it to safeguard the privacy of your protected health information,

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

We can use and share your health information to schedule appointments, verify benefits, bill and secure payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

## How else can we use or share your health information?

We are allowed or required to share your information in following other ways. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>○ For workers' compensation claims</li><li>○ For law enforcement purposes or with a law enforcement official</li><li>○ With health oversight agencies for activities authorized by law</li><li>○ For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Comply with the law address workers'</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li><li>• If there is a breach of unsecured health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 give 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our website.

Eff. 1/21/2021