



HIPAA NOTICE OF PRIVACY PRACTICES

Your rights.
Our responsibilities.

This document lets you know how medical information concerning you may be disclosed and used and how you are able to obtain access to this information.

Your Rights:

1. **Copy of Medical Record:** You have the right to obtain a copy of your medical record. Please ask us how to obtain an electronic or paper copy of your medical record. We will provide a summary or copy of your health information within 30 days of your request, but we may charge a reasonable fee based on cost of request. Per federal law, there are some records you cannot copy or inspect including health information that may be compiled for use in civil, criminal, or administrative proceeding or action, psychotherapy notes, protected health information related to your participation in medical research, information acquired under the promise of confidentiality, protected health information that may cause harm or injury to another person or you if disclosed, or protected health information that is restricted by law.

2. **Correction of Medical Record:** You may ask us to correct information about your health information that you believe is incomplete or incorrect. We may decline your request and will explain why in writing within 60 days. You may file a statement of disagreement but we may submit a rebuttal to this statement and send you a copy of our rebuttal.

3. **Confidential Communications:** You may ask us to contact you in a specific way. We will agree to all reasonable requests.

4. **Limitations of What We Share:** You may ask us to limit what health information we share or use for operations, payment, or treatments. However, we may not agree with your request if it would limit our ability to care for you. We are not required to accommodate this request. If your healthcare services were paid in-full out of pocket, you may request that we not share that information with your health insurer for the purpose of our operations or payment, and we will agree to this request unless it is required by law for us to share.

5. **Copy of This Notice:** You may request a paper copy of this notice at any time, and we will provide it immediately.

6. **Obtain a List of Who We've Shared Your Information With:** You may obtain a list of each time we have shared your health information and to whom we have shared your health information with and for what purpose. This list will include health information shared for six years prior to your request. We are not required to provide an accounting for:

- (a) disclosures related to payment, treatment, or health care operations
- (b) disclosures to you or your personal representative
- (c) disclosure to persons involved in your health care or payment for your health care, for facility directories, or for disaster relief

- (d) disclosures consistent with your authorization
- (e) disclosures of a limited data set
- (f) disclosures for intelligence or national security purposes
- (g) disclosures to law enforcement officials or correctional institutions regarding inmates or those in lawful custody
- (h) disclosures for any other permitted or required uses.

This list is free once per year, but we will charge a reasonable fee beyond once per year requests.

7. POA/Legal Guardian: If you have a POA or legal guardian, that person is able to exercise your rights and is able to make medical decisions regarding your health information. We will ensure that person has the authority and is able to act on your behalf before we take action.

8. File Complaints: You may file a complaint with us by contacting our HIPAA Compliance Officer in person or by phone at our main phone number or the US DHS if you believe we have violated your rights. Please contact them at US Department of Health and Human Services Office for Civil Rights, 200 Independence Ave., SW, Washington, DC 20201, visiting www.hhs.gov/ocr/privacy/hipaa/complaints, or calling 1-877-696-6775. If you file a complaint, we will not retaliate.

Your Choices:

Please let us know your preferences about what we can share and we will follow your instructions.

You have the choice to tell us to:

1. Share your health information with friends, family, or others involved in your care
2. Share your health information during a disaster relief situation
3. Include your health information in a hospital directory
4. Contact you for fundraising efforts (We may contact you for these efforts, but you can tell us that you do not want us to contact you again.).

However, there are times, for instance, if you are not conscious, that we may need to share your health information if we believe it is in your best interest or if needed to lessen a serious and impending threat to safety or health.

We will not share your health information without your written permission for marketing purposes, sales of your information, and most psychotherapy notes.

Other Disclosures and Uses:

We may use or share your health information for:

1. Treatment-We may use your health information and share your health information with other treating professionals.
2. Operations-We may use your health information to support the business activities of our practice. These activities include but are not limited to improvement of your care, contacting you, and running our Practice.
3. Billing-We may use your health information for billing purposes and to obtain payment from third party payers like health plans or other entities.

4. We may use or disclose your health information with your authorization, consent, or opportunity to object unless required by law. If you would like to revoke your consent, please send a written notification of this revocation, and it will be honored except to the extent that our Practice has already taken action on your initial authorization.

5. We may use or disclose your health information in the following instances without your permission but we need to meet several conditions in the law prior to sharing for these intents (Please see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html for more details):

1. Public Health and Safety for preventing disease, reporting adverse reactions to pharmaceuticals, product recalls, reporting suspected domestic violence, abuse, neglect, or reducing or preventing serious threats to anyone's safety or health.

2. Health Research.

3. Compliance with the Law. We will share your health information if federal or state law requires it.

4. Donation of Organs or Tissues Requests. We may share your health information with organ procurement organizations.

5. Medical Examiner or Funeral Director Requests. We may share your health information with a medical examiner, coroner, or funeral director in the case of death.

6. To Address Requests Regarding Worker's Compensation Claims.

7. To Address Requests From Law Enforcement Agencies.

8. To Address Requests From Health Oversight Agencies for Activities Sanctioned by Law.

9. To Address Requests For Government Functions (national security, military, presidential protective services, HHS, etc.).

10. To Respond to Legal Actions and Lawsuits. We may share your health information in response to subpoenas or court or administrative orders.

Our Responsibilities:

1. By law, we must ensure the security and privacy of your protected health information.

2. We must follow the privacy practices represented in this notice and provide you with a copy of this notice.

3. We will notify you immediately of a breach that occurs which has the potential to compromise the security or privacy of your health information.

4. We will not share or use your information other than as described in this notice unless you tell us to do otherwise in writing. If you do provide us permission to share your information in additional circumstances, you may let us know in writing if you change your mind later.

For additional information, please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We may change the terms of this notice, which will apply to your health information. You can obtain a copy of the new notice upon request, on our website, or in our office.

Effective Date of Notice: 7/1/2024

The Notice of Privacy Practices applies to:
All Healthcare Organizations