

# Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

Your Rights	Your Choices (the way we share your info)
Get a copy of your paper or electronic medical record	Tell family and friends about your condition
Correct your medical record	Provide disaster relief
Request confidential information or limit what we share	Include you in hospital directory
Get a list of those to whom we have shared information	Provide mental health care
Choose someone to act for you	Market our services and sell your information
To get a copy of this notice and/or file a complaint	Raise funds

## **Our Uses and Disclosures** We may use and share your information as we:

- Treat you
- Do research
- Comply with laws
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Respond to organ and tissue donation requests
- Work with medical examiner or funeral home

*When it comes to your health information, you have certain rights. This sections explains your rights and some of our responsibilities to help.*

### **Get an electronic or paper copy of your medical record.**

You can ask to see or get a copy of your medical record and other health information we have about you. Ask us.

### **Ask us to amend your medical record.**

You may ask us to amend or correct something about you that you feel is incorrect or incomplete. Ask us how.

We might say no, but we will tell you within 60 days why.

### **Request confidential communications.**

You can ask us to contact you in a specific way. We will say yes to all reasonable requests.

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

You can ask us not to use or share certain health information for payment, treatment, or our operations. We are not required to agree if it compromises your cares.

If you pay out-of-pocket, you can ask us not to disclose payment to your health insurer. We say yes unless it violates the law.

### **Get a list of to whom we have shared your information.**

You can ask for a list of the times we have shared your information in the last 6 years, with whom and why.

We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures that you ask us to make. We will provide you with one free list a year, then charge a reasonable fee.

### **Get a copy of this privacy notice at any time.**

### **Choose someone to act for you.**

If you have given someone medical power of attorney or is someone is your legal guardian, that person can make decisions on your behalf.

### **Your Choices**

For certain information, you can tell us your choices about what we share. If you have a preference for how we share your information in the following situations, please let us know and we will comply:

-Share information with your family, friends, or others involved in your care

-Share information in a disaster relief situation

If you are not able to tell us your preference, we may go ahead and share this information if we believe it is in your best interest or if a threat to health and safety.

### **We must have your written permission to share information in the following situations:**

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of your information
- We might contact you for fundraising, but you can tell us not to do so

### **Our uses and disclosures**

We can share your information with other professionals treating you, to run our practice, improve your care, contact you, and to bill and get payment from insurance.

### **How else we can use or share your information.**

For public health and research, many criteria must be met for us to disclose. Preventing disease, reducing threat's to safety or health, product recalls, reporting suspected abuse or neglect, reporting adverse medication reactions, or the use and disclosure reasons listed above permit the disclosure if all legal requirements are met.

### **We can use or share your information for:**

Worker's Compensation claims, law enforcement purposes, health oversight agencies authorized by law or special government functions such as national security. Also to respond to lawsuits and legal actions.

### **Our Responsibilities.**

We are required by law to maintain the privacy and security of your personal information.

We will let you know promptly if a breach has occurred.

We must follow the duties and practices defined in this notice and give you a copy of it.

We will not use or share your information in ways other than those described in this notice unless you tell us we can in writing. You may rescind this decision at any time.

### **Changes to the terms of this notice.**

We may change the terms of this notice and any change will apply to all information we have about you. A new notice will be available in our office and on our website.

### **For more information:**

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

**You have a right to file a complaint if you feel your privacy has been violated.** Send letter to Office of Civil Rights at 200 Independence Ave SW, Washington DC, 20201, visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) , or call 877-696-6775.

## **EYES**

HIPAA Compliance Officer: Barbara Cardelli Phone: 352-753-9888

Notice Effective 1/1/22