

NOTICE OF PRIVACY PRACTICE

Effective Date

This Notice Describes How Medical Information About You May Be Used, Disclosed And How You Can Get Access To This Information. PLEASE REVIEW IT CAREFULLY.

If you have any question about this notice, please contact the Privacy Officer: [Insert name and phone number]

Our Pledge Regarding Medical Information.

We understand that medical information about you and your health is personal. We are committed to protecting medical information in a reasonable and appropriate manner. We create a record of the care and services you receive at [Insert name of practice]. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by our Practice. This notice will tell you about the ways in which we may use and disclose medical information about you, your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and practices concerning medical information about you; and
- follow the terms of this notice that is currently in effect.

How We May Use and Disclose Medical Information About You. The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing our Privacy Officer.

- **For Treatment.** We can use your health information and share it with other professionals who are treating you.
- **For Payment.** We can use and share your health information to bill and get payment from health plans or other entities.
- **For Health Care Operations.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.** We can share and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Individuals Involved In Your Care or Payment for Your Care.** When appropriate, we can share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend.
- **Research.** Under certain circumstances, we can share and disclose Health Information for research. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.
- **As Required By Law.** We can share and disclose Health Information about you when required to do so by federal, state or local laws.
- **To Advert a Serious Threat to Health or Safety.** We can share and disclose Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **For All Other Uses and Disclosures.** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

- Organ and Tissue Donation. We can share health information about you with organ procurement organizations.
- Workers' Compensation, Law Enforcement and other government agencies. We can share health information about you for workers' compensation, for law enforcement purpose, healthcare oversight agencies for activities authorized by the law, or special government functions such as military, national security and presidential protection.
- Public Health Risks. We can share Health Information about you for certain situations:
 - to prevent or control disease;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products that may be using;
 - notify a person who may have been exposed to a disease or may be at risk.
- Lawsuits and Legal Disputes. We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- Comply with the Law. We will share information about you if state or federal laws require it, including with the Health and Human Services should it want to see we are complying with federal privacy law.
- Coroners, Medical Examiners and Funeral Directors. We can share Health Information to a coroner, medical examiner or funeral director when an individual dies.

Uses and Disclosures That Require Us To Give You An Opportunity To Object and Opt Out.

In these cases you can tell us what we can share:

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

Your Written Authorization Is Required For Other Uses And Disclosures.

In these cases we never share your information unless you have given us written permission:

1. Marketing Purposes
2. Sale of your information
3. Most sharing of psychotherapy notes

*If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization **before** you revoked it will not be affected by the revocation.*

Your Rights.

You have the following rights regarding Health Information we have about you:

Right to Inspect and Obtain a Copy of Your Medical Records. You can ask to see or get an electronic copy of your medical record or other health information we have about you. If your Protected Health Information is maintained in an electronic format, you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to Correct Your Medical Records. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days. To request an amendment, you must make your request, in writing, to our Privacy Officer.

Right to an Account of Disclosures. You can ask us for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except those about treatment, payment and health care operations, and certain other disclosures. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within a 12 month period. To request an accounting of disclosures, you must make your request, in writing, to our Privacy Officer.

Right to Limit Information We Share. You have the right to ask us **not** to use or share certain Health Information for treatment, payment, or health care operations. We are required to agree to your request, and we may say **no** if it would affect your care. If you pay for services out-of-pocket, in full for a specific item or service, you can ask that your Protected Health Information is not shared, for the purposes of payment or our operations with your health insurer. We will say **yes** unless a law requires us to share that information.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing to our Privacy Officer. We will say **yes** to all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy, contact our Privacy Officer. You may obtain a copy of this notice at our website [insert website address here]

Changes to this notice: We reserve the right to change this notice and make the new notice to apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office by contacting us and our Privacy Officer, [insert name and phone number]. The Secretary of the Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/. All complaints must be in writing. You will not be penalized for filing a complaint.

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