

NOTICE OF PROVIDER PRIVACY PRACTICES

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

We (your psychiatrist, psychologist and/or therapist, and Mind Care Associates, LLC), must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to the privacy practices would apply to all health information maintained. If we change privacy practices, you will receive a revised copy.

Without your written authorization, we can use your health information for the following purposes:

Treatment: Information in your record will be used to determine appropriate treatment options, such as level of care, or medication, referrals that best addresses your health needs. Your provider may use this information to suggest other services that become available to you.

Payment: In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.

Health Care Operations: Your provider may review your diagnosis, treatment, and outcome information in order to improve the quality or cost of care they deliver. These quality and cost improvement activities may include evaluating their performance of your care, or examining the effectiveness of the treatment provided to you. No identifying data would be given out.

As required or permitted by law: Sometimes your provider must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, they are required to report child abuse or neglect, protect life and safety, or to respond to a court order.

For public health activities: Your Provider may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect.

For health oversight activities: Your provider may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

For activities related to death: Your provider may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as determining cause of death.

For research: Under certain circumstances, and only after a special approval process (as indicated by the licensing board), your provider may use and disclose your health information (but no identifying information would be disclosed) to help conduct research. Such research might try to find out whether a certain treatment is effective.

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, your provider may release your health information to the authorities if they believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

For military, national security, or incarceration/law enforcement custody: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, your provider may release your health information to the proper authorities so they may carry out their duties under the law.

For workers' compensation: Your provider may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

To those involved with your care or payment of your care: If family members, relatives, or friends are helping care for you or helping you pay your medical bills, we may release health information about you to those people, such as your general condition and your treatment status. It is our policy to obtain your consent to release such information before we do, though the law does not require us to do so. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your health status. You have the right to object to the disclosures in this paragraph, unless you are unable to function or there is an emergency. It is your provider's duty to give you enough information so you can decide whether or not to object to this release of your health information.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to your provider.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please notify your provider. Specifically, you have the right to:

Inspect and copy your health information: With a few exceptions, you have the right to inspect and obtain a copy of your medical health information. However, this right may not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, Mind Care Associates may charge you a reasonable fee if you want a copy of your health information.

Request to correct your health information: If you believe your health information is incorrect, you may ask your provider to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if your provider disagrees with you and believes your health information is correct, they may deny your request.

Request restrictions on certain uses and disclosures: You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities.

As applicable, receive confidential communication of health information: You have the right to ask that your provider communicate your health information to you in different ways or places. For example, you may wish to be billed at a different address or contacted only at specific phone numbers. We must accommodate reasonable requests.

Receive a record of disclosures of your health information: In limited instances, you have the right to ask for a list of the disclosures of your health information made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.

Obtain a paper copy of this notice: Upon your request, you may at any time receive a paper copy of this notice.

Complain: If you believe your privacy rights have been violated, you may file a complaint against your provider and with the federal Department of Health and Human Services (U.S. Government). We will not retaliate against you for filing such a complaint.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact us at 314-997-6463.