

# COREPSYCH

## NOTICE OF PRIVACY PRACTICES | HIPAA

**MUST READ AND SIGN BELOW - EFFECTIVE DATE: APRIL 23, 2008**

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.

If you have any questions about this notice, please contact the office of the Privacy Contact Person below, at the end of this document.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at CorePsych. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated at CorePsych, whether made by staff or your doctor or therapist. This notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding use and disclosure of information. We are required by law to:

1. make sure that medical information that identifies you is kept private
2. give you this notice of our legal duties and privacy practices and
3. follow the terms of the notice that is currently in effect

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed, however all of the ways we are permitted to use and disclose information fall within one of the categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare providers who are involved in your care. Among those caring for you are medical, nursing and other health care personnel in training who, unless you request otherwise, may be present during your care as part of their education. We may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and emergency medical transportation, as well as with family members or others providing services that are part of your care.

**For Payment:** We may use and disclose your medical information so that we may obtain payment from you, an insurance company or a third party for treatment and services you receive. We may disclose your medical information to any person, Social Security Administration, insurance or benefit payer, health care service plan or workers' compensation carrier that is, or may be responsible for part or all of your bill. For example, we may give your insurer information about services received at our office so they will pay us or reimburse you. We may also tell your insurer about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, or to resolve an appeal or grievance.

**For Health Care Operations:** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality services. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff, and to survey you on your satisfaction with our treatment and/or services. We may combine medical information to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, therapists, residents/interns in training, and other staff for review and learning purposes. We may combine the medical information we have with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer.

**Appointment Reminders:** We may use and disclose your information to remind you of a scheduled appointment.

**As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law. This includes, but is not limited to, disclosures to mandated patient registries.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to a person able to help prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** We may release medical information about members of the domestic or foreign armed forces as required by the appropriate military command authorities.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities include the following:

- to prevent or control disease, injury or disability;
- 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 they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence where you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, examinations, inspections, and licensure.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request. We also may disclose your information to CorePsych attorneys and, in accordance with applicable state law, to attorneys working on our behalf.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official. In response to a court order, subpoena, warrant, summons or

similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at our office; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of person(s) who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our organization.

*To request an amendment, your request must be made in writing and submitted to the Privacy Contact Person. You must provide a reason that supports your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by our organization
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. It does not include disclosures made for treatment, payment, health care operations, disclosures you authorize or other disclosures for which an accounting is not required under HIPAA.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your diagnosis.

**Note:** *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request *in writing* to the Privacy Contact Person. In your request, you must tell us (1) what information you want to limit; (2) whether you limit our use, disclosure or both; and (3) to whom you want the limits to apply, i.e. disclosures to your spouse.

**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. For example, you can ask that we contact you at work or by mail. To request confidential communications, you may make your request in writing to the Privacy Contact Person. You may also telephone the office of the Privacy Contact Person,

however in order to protect your privacy we may not be able to accommodate requests made by telephone. We will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care and services that we provided to you.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU:**  
You have the following rights regarding your medical information:

**Right to Inspect and Copy.** You have the right to inspect and receive a copy of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, **but does not include psychotherapy notes.** To inspect and receive a copy of the medical information that may be used to make decisions about you, you must submit your request in writing on a form provided by CorePsych to the Privacy Contact Person. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. We are unable to release information to you that was received from an outside source and did not originate in our office.

**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 previously agreed to receive this notice electronically. To obtain a paper copy of this notice, please write or call the Privacy Contact Person below.

**Changes to This Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will keep a copy of the current notice with the effective date in our office. You may request a copy of this notice at any time.

**Complaints:** If you believe your privacy rights have been violated by our team, you may file a complaint with CorePsych. To file a complaint, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint to address your issue:

**Privacy Contact Person:** Tiffany Kazle, Patient Care

I have read, understood and agree to these Notices -  
Sign & Send To: <http://corepsych.com/appointments> Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_