



LEGACY

MENTAL HEALTH CENTER

Notice of Privacy Practices



This notice describes how protected medical information about you may be use and disclosed, and how you can gain access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information.

I may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

Treatment means providing, coordinating, or managing health care and related service by one or more health care providers. An example of this is sharing your medical information with another professional for consultation or referral.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing, or collection activities. An example of this is sending a bill for your session to your insurance company for a payment.

Health Care Operation includes the business aspects of running my practice, such as conducting quality assessment and improvement activities, auditing function, cost management analysis, and customer service.

I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

In an emergency situation, I may disclose your medical information to government or other groups that assist in emergencies or disasters.

I may also disclose or use your information without your consent in the following cases:

- Public health activities when require by law.
- Relating to victims of abuse or neglect or domestic violence, if required by law and/or if you agree.
- Health oversight activities, for judicial or administrative proceedings to the extent permitted by law.
- To coroners/medical examiners/funeral directors, as permitted by law.
- For organ donation purposes
- For research purposes under certain circumstances.
- To avert a serious threat to health or safety.
- For certain specialized government functions, such as military discharge, national security, and intelligence.
- For workers' compensation purposes.
- For law enforcement purposes, as permitted or required by law.

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing. I am required to honor and abide by that request, except to the extent that I have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by written request:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- I may use or disclose your medical information in situations requiring emergency treatment, in which case I will ask the persons receiving the information not to further use or disclose the information.
- You may request that I provide you with your medical information in a confidential manner. For example, you can request that I send your appointment reminder, bills, and other mailings to a different address or that I provide you with this kind of information in another way, such as by a phone call. You must make this request in writing.

- You may ask to see and copy your record, unless that information is protected by law. You must make this request in writing. If your request to look at, or copy, your records is denied you may have the denial reviewed by a health care professional. I will act upon your request within the statutory period and may charge you for copying costs.
- You may ask me to amend information in your medical record. If your request is denied, you can write a statement of disagreement with the denial that I will keep with your medical information.
- You may ask me to provide you with an accounting of disclosure of protected health information.

If you feel your privacy rights have been violated, you have the right to file a written complaint with my office or with the Secretary of Health and Human Services at: U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington, DC 20201. (800) 368-1019. Filing a complaint will not affect the quality of the services you receive.

These rules, as stated above, became effective and binding with the passage and implementation of the HIPAA law. This latest version of the privacy practice notice became effective as of the date of this revision. I am required by law to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to protected health information. I reserve the right to change the terms of the Notice of Privacy Practices and to make new notice provision effective for all protected health information that I maintain. If the terms of this Notice are changed, I will provide individuals with a revised notice upon request and by posting the revised notice in my office.

I have read and fully understand my right to privacy:

Signature of Client/Guardian

Date