

Notice Of Privacy Practices

This notice describes how your personal healthcare information may be disclosed or used by this office. Please read this notice carefully. If you have any questions please contact our Privacy Officer. After reviewing this document you will be asked to sign that you have received this notice.

This office is required to abide by the terms of this notice of Privacy Practices. The terms may change at any time and the revised notice will apply to all protected health information maintained at that time. The revised notice will be posted in our office. You may request a revised copy of this notice by also calling our office.

1. Uses and Disclosures of Protected Health Information for TPO

This office will need to access your protected health information for purposes of treatment, payment and operations (TPO) in accordance with State and Federal Law.

- **Using & Disclosing Information For Treatment**
To maintain high quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This can include employees in this office as well as other providers.
- **Using & Disclosing Information For Payment Purposes**
Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our internal billing personnel to have access to protected health information to carry out their job functions.
- **Using & Disclosing Information For Operation Purposes**
Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all Federal and State Laws.

2. Specific Authorization Required for All Other Uses and Disclosures

Other uses and disclosures of your protected health information will only be made with your written authorization. This authorization will only allow the use or disclosure of the specific information detailed on the authorization form. Some examples include, but are not limited to some marketing activities, the use of disclosure of psychotherapy records in our possession, and in some instances, for research purposes.

3. Other Uses and Disclosures Without Your Authorization

The following are situations where this office may use or disclose your protected health information without your consent or authorization:

- Uses and disclosures of protected health information (PHI) as required by law, court orders, a legal process, or government agencies.
- Uses and disclosures of PHI for matters of public health and for the purposes of controlling disease as dictated by the law.
- Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.
- Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect.
- Uses and disclosures to Institutional Review Boards for the purpose of medical research.

4. Patient Privacy Rights Effective April 14, 2003

- In general, you will have the right to review and copy your protected health information as well as amend your record. Some exceptions include, but are not limited to psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding.
- You have the right to request a restriction of the disclosure of your protected health information for treatment, payment, and operations. This office is not required to agree to the request, but will do so at our discretion.
- You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.
- You have the right to request an accounting of the disclosures made of your protected health information by this office. This only applies to disclosures made for the purposes other than treatment, payment, or operations.

5. Privacy Officer & Complaints

Should you have any concerns you may contact our Privacy Officer who is responsible for the privacy and confidentiality of your information accordance with State and Federal Law. Any complaints or issues you have regarding the privacy of confidentiality of your information should be directed to the Privacy Officer.

My signature below indicates that I have received a copy of this "Notice of Privacy Practices" and that if I have any questions regarding this notice that I can discuss with the designated Privacy Officer.

Patient Signature (18yrs or older)
Parents Signature (under 18 yrs)

Date