

NOTICE OF PRIVACY PRACTICES

Effective 9/23/13

As Required by the Privacy Regulations Created as a Result of the
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Please Review this Notice Carefully

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. You are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of this notice of privacy practices that we have in effect at this time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use your PHI to treat you. For example, we might disclose your PHI to a pharmacy when we order a prescription for you. Your PHI may be shared between the individuals that make up our practice to determine your appropriate treatment plan. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. Also, we may use your PHI to bill you directly for services and treatment. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. For example; use of a clearinghouse for electronic claims, software vendor support and our accountant. Our Business Associate agreements have been amended to provide that all HIPAA security administrative procedures, safeguards, policies and documentation requirements apply directly to the Business Associate.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind patients of their upcoming appointments. Please notify us immediately should you not desire us to do so.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health- related benefits that may be of interest to you.
7. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Reporting reactions to drugs
- Notifying individuals of a product they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example: investigations; inspections; audits; licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order. We may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information to the party requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement, concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are a donor.

7. Research. Our practice may use and disclose your PHI for research purposes when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. No PHI will be used without your prior authorization.

8. Military. Our practice may disclose your PHI if you are a member of the US or Foreign military forces (including veterans) and if required by the appropriate authorities.

9. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

10. Workers Compensation. Our practice may release your PHI for workers compensation and similar programs.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at work, rather than home. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. Requesting Restrictions. You have the right to request a restriction in the use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law in emergencies, or when the information is necessary to treat you.
3. Inspection and Copies. You have the right to inspect or request an electronic or paper copy of your patient medical records. You do NOT have the right to inspect or receive copies of psychotherapy notes. We may charge you a reasonable fee for copying and mailing your records. You have the right to inspect and obtain copies of billing records at no fee.
4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete. The request must be in writing and must provide us with a reason that supports your request for amendment. Our practice may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not PHI kept by or for the practice; or (c) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. Restriction on Record for Self-Paid Services. If you have paid for a service in full, we will not disclose that service information to your health plan for payment or health care operations when you provide a written request not to disclose your PHI.
6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy and may request one at any time.
7. Right to File Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. Their address is: 200 Independence Avenue SW, Washington, DC 20201. All complaints must be submitted in writing and you will not be penalized for filing a complaint.
8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note; we are required to retain records of your care.
9. Accounting for Disclosures. You may request a listing of any disclosures we have made related to your PHI, except for information we used for treatment, payment or healthcare operation purposes or that we shared with you or your family, or information that you gave us specific authorization to release. It also excludes the information we were required to release.

Behavioral Health Centers of Sarasota is required by federal and state law to protect the privacy of your PHI, notify affected individuals following a compromise of unsecured PHI, provide you with a copy of this notice, and adhere to the privacy practices as described above. No confidential information, including the fact that you are or have been a client, will be disclosed without a valid authorization form signed by you or your legal representative.

Again, if you have questions regarding this notice or our health information privacy policies, please contact our office.