

**James R. Parks, M.D. PLLC**  
**Child & Adolescent Psychiatry**

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## **Notice of Privacy Practices**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. It is effective April 14, 2003, and applies to all Protected Health Information ("PHI") contained in your health records maintained by us. We have the following duties regarding the maintenance, use, and disclosure of your health records:

1. We are required by law to maintain the privacy of the protected health information in your records and to provide you with this notice of our legal duties and privacy practices with respect to that information.
2. We are required to abide by the terms of this notice currently in effect.
3. We reserve the right to change the terms of this notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain. All changes in this notice will be prominently displayed and available at our office.

We safeguard information about your self and your health care. We collect information from you and store it in a medical record, which may be electronically stored on a computer. Our medical record charts are stored in a secure area and are available only to designated staff and only for specific reasons. If your record is computerized, we use security measures to protect it.

There are a number of situations in which we may use or disclose to other persons or entities your confidential health information. Certain uses and disclosures will require you to sign an acknowledgement that you received this Notice of Privacy Practices. These include treatment, payment, and health care/clinic operations. Any use or disclosure of your protected health information required for anything other than treatment, payment, or health care operations requires you to sign an authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your acknowledgement or authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed acknowledgement that you received this Notice of Privacy Practices to use and disclose your confidential medical information for the following purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use your health information to make decisions about the provisions, coordination, or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. In addition, we will also record your health information in your chart. It may also be necessary to share your health information with another health care provider whom we need to consult with respect to your care. Also, it may be necessary to phone prescriptions or electronically submit prescriptions to a pharmacy.

**Payment:** We may need to use or disclose information in your health record to obtain reimbursement from you, from your health insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification, and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.

**Health Care/Clinic Operations:** Your health records may be used in our business planning and developmental operations, including improvements in our methods of operation, and general

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administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

There are certain circumstances under which we may use or disclose your health information **without** first obtaining your acknowledgement or authorization. These examples would include when required by federal, state, and local law; public health activities for reporting requirements (such as domestic violence, child abuse, deaths, gunshots, communicable disease, infectious disease control, Food and Drug Administration compliance/reporting adverse events, product defects/recall, biological product defects, tracking FDA related products); reporting victims of abuse, neglect, or domestic violence; health oversight activities (such as audits, investigations, and inspections); judicial and administrative proceedings; appropriate law enforcement requests; deceased person information; organ and tissue donation; medical research; emergencies or to avert a serious threat to any person or the community; military activities/national security/aversion of criminal activities; workers' compensation; correctional institutions, parole or other law enforcement officials; and as required by the Secretary of the Department of Health and Human Services. We are required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so. We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Communication Barriers and Emergencies:** We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information to treat you.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your written authorization at any time, in writing. If you revoke your written authorization, it will apply to any future actions relating to the release of your protected health information. There may be cases where we have already released your protected health information prior to receiving your revocation.

**Your Patient Privacy Rights:** You have certain rights regarding your health record information, as follows:

- 1. Request restrictions of your protected health information.** You may ask to limit how we use or disclose any part of your protected health information as explained above, except for the typical uses and disclosures described above. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. You may request a specific restriction by writing the request and to

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whom the restriction applies on the authorization form. We do not have to agree to your request. In the event we agree, we will comply with the request, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction. We have the sole right to deny a request if unreasonable.

- 2. Request to choose how we communicate with you.** You have the right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. For example: work address rather than home, or e-mail rather than regular mail. We must agree to your request as long as it would not be disruptive to our operations to do so. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.
- 3. Inspect and copy your protected health information:** You have the right to inspect and copy your health records by making a written request to our clinic. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information. All requests for inspection and copying of your health records and all requests related to your rights under this Notice of Privacy Practice, must be made in writing and addressed to the privacy officer at our address. We will respond to your request in a timely fashion.
- 4. Request your doctor amend your protected health information.** You may make a written request to our clinic for the doctor to consider amending the health information in your designated medical record set to make it more accurate and complete or to correct an error. You must state the reason for the request in writing. We will respond to your request in a timely fashion. We may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. You then may have this reviewed by another provider. If we agree to make the change, we will ask you whom to notify of the change. Please address all request to our privacy officer at our address or contact the privacy officer if you have any questions about amending your medical records.
- 5. Receive a list of disclosures we have made of your protected health information.** You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment, and healthcare operations, disclosures that require an authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.
- 6. Receive a copy of this Notice.** If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice and to take one home with you if you wish.

If you want to exercise any of these rights and would like assistance, please contact our Clinic Privacy Officer in person or in writing during our normal clinic hours.

We reserve the right to make changes to this Notice, which will affect the protected health information we maintain at that time. Our duty, as your healthcare provider, is to maintain your privacy in accordance with law, abide by the terms of this Privacy Notice, accommodate reasonable requests or notify you if we cannot, and provide you with a revised copy of this Notice. You can obtain a copy of any revised Notice by calling our clinic or visiting our clinic and picking up a copy.

**Complaints:** You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy

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Officer (if the complaints are to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

All questions concerning this Notice or requests made pursuant to it should be addressed to our Privacy Officer.

**Acknowledgement for Receipt of Privacy Practices**

**I understand the limits of the Notice of Privacy Practices and its meanings and ramifications. My signature indicates I have received a copy of the office's Notice of Privacy Practices.**

Signature of client/Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness/Physician: \_\_\_\_\_