



Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You can Get Access to This Information.

Your Privacy is Important to Us.

We Protect Your Health Information. Southwest Psychiatric Physicians has the responsibility to protect the privacy of your personal health information in the course of business. Health information is any information that relates to:

- Your past, present, or future physical and mental health information or condition;
- Providing health care to you; or
- The past, present, or future payment for your health care.

Southwest Psychiatric Physicians requires its employees to protect the privacy of your health information. We do not give employees access to your health information unless they need it for a reason. Business reasons for needing access to health information include obtaining benefit information, requesting authorization for services, filing claims for services rendered, coordinating /planning for the care you need.

Why You are Getting This Notice. You are receiving this notice because Southwest Psychiatric Physicians provides mental health services to you or a member of your family.

What This Notice Explains. This notice tells you about Southwest Psychiatric Physicians' privacy practices. It describes your privacy rights, Southwest Psychiatric Physicians' duty to protect health information that identifies you and how Southwest Psychiatric Physicians may use or disclose health information that identifies you without your written notice permission. We follow privacy practices that are described in this notice while it is in effect. This notice does not apply to health information that does not identify you or anyone else.

Effective Date and Right to Change Notice. This notice takes effect April 14, 2003, and will remain in effect until we replace it and provide you with notice of such changes. We are allowed by law to change our privacy practices and the terms of this notice at any time.

Your Privacy Rights

You have the right to:

- Look at and/or obtain a copy of your health information maintained by us. Your request must be in writing. In some cases, we may deny your request if it relates to certain health information, such as progress notes. If you ask for a copy of your information, we will ask you to pay a fee for copying, mailing or other supplies connected with honoring your request.
- Ask us to limit how we use or release your health information more than the law requires. However, the law does not require Southwest Psychiatric Physicians to honor your request. If we do agree, we will honor your request unless your information is required to treat you in an emergency situation.

- Tell us where and how to send you messages that include your health information, if you think calling you or sending information in the usual way could put you in danger. For example, you can ask us to send your information to you at work instead of to your home address or call you at work or at your home.
- Ask for and get a copy of this Notice for Privacy Practices
- Ask us to correct certain information, including your health information, if you believe the information is wrong or incomplete. Your request must be in writing and must explain why you believe your information should be corrected. We may deny your request, under certain conditions or if you do not put it in writing with the proper explanation. If we deny your request, you may send us a written disagreement and ask that we include it in your record. If we agree to your request, we will add the correct information to your record and note that the new information replaces the old information.
- Ask us for a list of all the times we or our contractors have released your information, including health information. This right does not apply for any time we have released information to your insurance to seek payment for services rendered or when needed to operate our business, when we have released information to you directly, when you give us permission to release information, or when the release is allowed by law.
- Complain. If you think that Southwest Psychiatric Physicians has violated your privacy rights, you may contact our Clinic Coordinator at (210) 582-6450. You may also file a written complaint with the Department of Health and Human Services. Upon request, we may provide you with the address for that department. You will not be punished in any way for making a complaint to the Department of Health and Human Services.

Southwest Psychiatric Physicians Duty to Protect Your Information

The law requires us to:

- Protect the health information that identifies you;
- Give you this Notice of our legal duties and practices with respect to your health information;
- Follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the revised Notice as long as it is in effect.

How Southwest Psychiatric Physicians Uses and Discloses Information that Identifies You

This section explains when we can use or disclose your health information without your written permission.

- **Payment.** Southwest Psychiatric Physicians may use or disclose information about you to collect payment for your health care services rendered.
- **Health Care Operations.** Internal administration, including but not limited to privacy, customer service, resolution of complaints; Case management activities; Activities related to the creation, renewal, or replacement of a contract for health benefits; Providing for medical review, legal services, and auditing functions, including fraud and abuse detection. Business planning and development.
- We also may disclose your health information to another covered entity for their health care operations, as long as that entity already has a relationship with you. Examples of a covered entity include, Medicaid, Private insurance, a hospital where you are receiving care, another physician.

Uses and Disclosure that Require Your Written Permission

If we want to use or disclose your health information in a manner not otherwise described in this Notice, we will ask you to sign an authorization form.

Your Right to Withdraw Permission. If you sign an authorization form granting us permission to use your health information, you may withdraw your permission, in writing, at any time. However, this will not affect any action already taken by us based on your previous permission.