HIPAA Consent & Notice of Privacy Practices (NPP)

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summarizes how medical information about you may be used and disclosed and how you can get access to this information. **Our detailed NPP is available for your records and review. Any updates or changes will be made available on our website and in our office.**

Your Rights

You have the right to:

- Get a copy of your medical record and request corrections if needed
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Send communication/reports to other healthcare professionals
- We never market or sell personal information

Our Uses and Disclosures

We may use and share your information as we:

- Treat you, run our organization, and bill for your services
- Help with public health and safety issues
- Comply with the law, respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

To the extent that we have any mental health treatment or substance use disorder patient records, we will not share that information without (1) your written consent or (2) another law requires us to share the information.

COMPREHENSIVE NOTICE OF PRIVACY PRACTICES

Your Rights *(This section explains your rights and some of our responsibilities to help you.)*

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy of your health information within 3-5 days of your request. We may charge a reasonable, cost-based fee for paper copies.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, we will provide you with a written explanation within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example: home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” if it affects our ability to provide good health care or to bill for services (if you want us to file your insurance).
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, please contact Dr. Mayes so we can discuss your concerns and make every effort to make it right.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share or not share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- *If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- We will never share your information for marketing purposes
- We will never sell your information

Our Uses and Disclosures - *How do we typically use or share your health information?*

To treat you

We can use your health information and share it with other professionals who are treating you.

To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary *(to manage your treatment and services).*

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities *(this is necessary for billing health insurance plans for your services).*

Public health and safety issues such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state/federal laws require it, including the Department of Health and Human Services to confirm we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We may be asked to share with a coroner, medical examiner, or funeral director after death.

Requests for workers' compensation, law enforcement, lawsuits or legal actions such as:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We are required to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see www.hhs.gov website www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.