

Psychiatry & Psychopharmacology Services, P.C.
Notice of Privacy Practices

Effective date of this notice: 8/15/03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

A federal regulation, known as the "HIPAA Privacy Rule", requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Law requires us:

- Maintain the privacy of "protected health information" about you,
- Give you this notice of our legal duties and privacy practices with respect to protected health information,
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice.

We are also required to comply with any federal or state laws that impose stricter standards than the uses and disclosures in the Notice.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways we may use and disclose protected health information for treatment, payment, or health care operations. The examples do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and, with your consent, disclose protected health information about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose protected health information to a pharmacy to fill your prescription, to a laboratory to order or obtain lab results, or to another health care provider when you are being referred for consultation and treatment.

Payment: We may use and, with your consent, disclose protected health information to bill and collect payment for the treatment and services provided to you. We may use and disclose protected health information for billing, claims management and collection activities. For example, we may submit a request to your insurance company for payment, or allow your health insurance company to review your protected health information in order to make payment or approve services.

Health Care Operations: We may use or, with your consent, disclose your protected health information in order to support our business activities. The activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and arranging for legal services. For example, we may use health information to review our treatment and services or to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements.

Business Associates: We will share your protected health information with third party "business associates" that perform various activities such as billing for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Others Involved in Your Healthcare: With your consent, 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 healthcare. If you are unable to agree 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.

Treatment Alternatives and Appointment Reminders: We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose your health information to contact you as a reminder that you have an appointment.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use or disclose your protected health information in the following situations without your authorization. These situations are as follows:

Required By Law: We may use and disclose protected health information as required by federal, state, or local law. Any disclosure will comply with the law and be limited to the requirements of the law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made such purposes as controlling disease, injury or disability, reporting child abuse or product recalls or if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; or to make repairs or replacements

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and under certain circumstances in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may release certain health information if asked to do so by law enforcement official:

- In reporting certain injuries by law, such as a gunshot wounds, burns, or injuries to perpetrators of a crime;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances if we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation: We may disclose protected health information to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose protected health information to funeral directors, as authorized by law, so that they may carry out their jobs. We may use or, with your consent, disclose protected health information for organ and tissue donation purposes to entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissues for the purpose of facilitating the donation and transplantation.

To Avert a Serious Threat to Health or Safety: We may use or disclose protected health information about you in limited circumstances when necessary to prevent a threat to the health or safety of you or another person or to the public. This disclosure will be made to a person who is able to help prevent the threat.

Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to protect the President or other authorized persons.

Correctional Institution: With your consent, if you are an inmate of a correctional institution, we may use or disclose your protected health information necessary for your health and the health and safety of other individuals or for the safety and security of the correctional institute.

Workers' Compensation: We may disclose protected health information as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose Protected Health Information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

OTHER USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of your protected health information will only be made with your written authorization. If you have authorized us to use or disclose your protected health information, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. To revoke your authorization, you must notify us in writing.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information:

Right to Request Restrictions: You have the right to request additional restrictions on the protected health information we may use for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree with your request we are required to comply except in emergency cases. To request a restriction you must make your request in writing to our Privacy Official.

Right to Receive Confidential Communications: You have the right to request that you receive communications in a certain manner or at a certain location. You must make your request in writing to our Privacy Official. We are required to accommodate reasonable requests. Your request must specify how or where you wish to be contacted and specify information on how payment will be handled.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of your protected health information that may be used to make decisions about your care. This includes your medical and billing records but does not include psychotherapy notes. We may deny your request to inspect and copy only in limited circumstances. To inspect and copy your protected health information please contact our Privacy Official. If you request a copy of your protected health information we may charge you a reasonable fee for copying, mailing or other supplies and services associated with your request.

Right to Amend: You have the right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We may deny your request for an amendment for certain reasons, such as that the information is already accurate and complete. If we agree to an amendment; we will make reasonable efforts to notify those that you inform us need the amended information and those that we know need the amended information. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

Right to Receive an Accounting of Disclosures: You have a right to request an accounting of disclosures of your protected health information. This right does not apply to disclosure made for purposes of treatment, payment or healthcare operations as described in this Notice of Privacy Practices; disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes, disclosures you have authorized or certain other disclosures. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003 and for, at most, the previous 6 years. You may request a shorter timeframe. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this notice at any time, even if you have received this notice electronically.

Complaints:

If you believe your privacy rights have been violated you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please deliver a written complaint to our Privacy Official. We cannot and will not retaliate against you for filing a complaint with the Secretary of the Health and Human Services.

Contact Information:

You may contact the privacy officer at Psychiatry & Psychopharmacology Services, P.C., 7610 Gleason Drive Suite 302, Knoxville, TN 37919 865-539-2221