

NOTICE OF PRIVACY PRACTICES

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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.

What is “Medical Information”?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information.” It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider such as myself, or a health plan **and** relates to the past, present, or future physical or mental health or condition of an individual and the provision of health care (including mental health care) to that individual.

I am a mental health care provider. More specifically, **I am a psychologist licensed to practice in the State of South Carolina.** I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I make a record of the medical care I provide, including mental health care, and may receive such records from others. I use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable me to meet my professional and legal obligations to operate this health care practice properly. I am required by law to maintain the privacy of protected health information, to provide individuals with notice of my legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how I may use and disclose your medical information. It also describes your rights and my legal obligations with respect to your medical information. If you have any questions about this Notice, please contact me.

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A. How This Practice May Use or Disclose Your Health Information

This mental health practice collects health information about you and stores it in a chart and on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits me to use or disclose your health information for the following purposes:

1. Treatment. I use medical information about you to provide your medical care. I disclose medical information to individuals who are involved in providing the care you need. For example, I may share your medical information with other physicians or other health care providers who will provide services that I do not provide. I may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. I use and disclose medical information about you to obtain payment for the services I provide. For example, I give your health plan the information it requires before it will pay me. I may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. I may use and disclose medical information about you to operate this medical practice. For example, I may use and disclose this information to review and improve the quality of care I provide. Or I may use and disclose this information to get your health plan to authorize services or referrals. I may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. I may also share your medical information with my "business associates," such as my billing service, that perform administrative services for me. I have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. I may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. I may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with me in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs I participate in is available from the Privacy Official.
4. Appointment Reminders. I may use and disclose medical information to contact and remind you about appointments. If you are not home, I may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign In Sheet. I may use and disclose medical information about you by having you sign in when you arrive at my office. I may also call out your name when I am ready to see you.
6. Notification and Communication With Family. I may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed me otherwise, in the event of your death. In the event of a disaster, I may disclose information to a relief organization so that they may coordinate these notification efforts. I may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, I will give you the opportunity to object prior to making these disclosures, although I may disclose this information in a disaster even over your objection if I believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, I will use my best judgment in communication with your family and others.
7. Marketing. Provided I do not receive any payment for making these communications, I may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. I

may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. I may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when I see you, for which I may be paid. I will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether I receive any compensation for any marketing activity you authorize, and I will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. I will not sell your health information without your prior written authorization. The authorization will disclose that I will receive compensation for your health information if you authorize me to sell it, and I will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, I will use and disclose your health information, but I will limit my use or disclosure to the relevant requirements of the law. When the law requires me to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, I will further comply with the requirement set forth below concerning those activities.
10. Public Health. I may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When I report suspected elder or dependent adult abuse or domestic violence, I will inform you or your personal representative promptly unless in my best professional judgment, I believe the notification would place you at risk of serious harm or would require informing a personal representative I believe is responsible for the abuse or harm.
11. Health Oversight Activities. I may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. I may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. I may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. I may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. I may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Public Safety. I may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized Government Functions. I may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
17. Workers' Compensation. I may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, I will make periodic reports to your employer about your condition. I am also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

18. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another psychotherapist or group practice.
19. Breach Notification. In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided me with a current e-mail address, I may use e-mail to communicate information related to the breach. I may also provide notification by other methods as appropriate.
20. Psychotherapy Notes. I will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, , 2) to defend myself if you sue me or bring some other legal proceeding, 3) if the law requires me to disclose the information to you or the Secretary of HHS or for some other reason, 4) in response to health oversight activities concerning your psychotherapist, 5) to avert a serious and imminent threat to health or safety, or 6) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, I will stop using or disclosing these notes.

B. When This Practice May Not Use or Disclose Your Health Information. Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on my use or disclosure of that information you wish to have imposed. If you tell me not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, I will abide by your request, unless I must disclose the information for treatment or legal reasons. I reserve the right to accept or reject any other request, and will notify you of my decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that I send information to a particular e-mail account or to your work address. I will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. I will provide copies in your requested form and format if it is readily producible, or I will provide you with an alternative format you find acceptable, or if I can't agree and I maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. I will also send a copy to any other person you designate in writing. I will charge a reasonable fee which covers my costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. I may deny your request under limited circumstances. If I deny your request to access your child's records or the records of an incapacitated adult you are representing because I believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal my decision. If I deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that I amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. I am not required to change your health information, and will provide you with information about my denial and how you can disagree with the denial. I may deny your request if I do not have the information, if I did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If I deny your request, you may submit a written statement of

your disagreement with that decision, and I may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this practice, except that this practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of my legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, let me know.

D. Changes to this Notice of Privacy Practice. I reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, I am required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that I maintain, regardless of when it was created or received. I will keep a copy of the current notice posted in my reception area, and a copy will be available at each appointment. I will also post the current notice on my website.

E. Complaints....Complaints about this Notice of Privacy Practices or how this practice handles your health information should be directed to me.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Roosevelt Freeman, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (800) 368-1019
FAX (404) 562-7881
TDD (800) 537-7697

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.