

## **HIPAA 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. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) 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.

### **Uses and Disclosures of Protected Health Information**

Your Protected health information may be used and disclosed by your physician/psychologist/psychotherapist, our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's/psychologist's/psychotherapist's practice, and any other use required by law.

#### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician/psychologist/psychotherapist to whom you have been referred to ensure that the physician/psychologist/psychotherapist has the necessary information to diagnose or treat you.

#### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

We may use or disclose your protected health information in the following situations without your authorization.

### **Explanations of Exceptions to the Privacy Standard**

**Required by Law:** We may use and disclose your protected health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

**Public Health:** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases, and reporting problems with products and reactions to medications to the Food and Drug Administration.

Victims of Abuse, Neglect, or Violence: We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect, or violence relating to children or the elderly.

Health Oversight Activities: We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Judicial and Administrative Proceedings: We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.

Coroners and Medical Examiners: We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine cause of death.

To Avert a Serious Threat to Health or Safety: We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public.

Specialized Government Functions: Under certain and very limited circumstances, we may disclose your health information for military, national security, or law enforcement custodial situations.

Workers' Compensation: Both state and federal law allow the disclosure of your health information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

Other Permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your physician/psychologist/psychotherapist or the physician's/psychologist's/psychotherapist's practice has taken an action in reliance on the use or disclosures indicated in the authorization.

### **Your Rights**

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and

protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. 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 or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician/psychologist/psychotherapist is not required to agree to a restriction that you may request. If your physician/psychologist/psychotherapist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to receive confidential communications from us by alternative means or at an alternative location. For example, you may request that we only contact you at work or only by email. BGPS will accommodate all reasonable requests.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to have your physician/psychologist/psychotherapist amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We may deny your request to amend information that 1) was not created by this agency, 2) is not part of the information kept by this agency, 3) is not part of the information which you would be permitted to inspect and copy, 4) this information is determined to be accurate and complete.

You have the right to receive accounting of certain disclosures we have made, if any, of your protected health information. Any list of disclosures will not include 1) health information releases made for the purposes of providing treatment to you, obtaining payment for services, or releases made for administrative or operational purposes, 2) health information releases made for national security, 3) health information releases made to correctional institutions and other law enforcement custodial situations, 4) releases this agency has made based on your written authorization, 5) health information releases made to persons involved in your care.

We reserve the right to change the terms of this notice and will inform you, by mail, of any changes. You then have the right to object or withdraw as provided in this notice.

### Complaints

You may complain to us if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.