

Child and Adolescent Psychiatry Associates, PLLC
NOTIFICATION OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW YOUR OR YOUR CHILD'S MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Understanding Your Medical Record/Health Information

Each time you visit our office, a record of your visit is made. It usually includes information about your symptoms, diagnoses, treatment, and a plan for future care and treatment. This information is often called your "medical record." This information and other information relating to your care are referred to in this Notice as "Health Information." This health information is useful for many reasons:

- Serves as a basis for planning your care and treatment
- Provides a means of communication among health care professionals who are part of your care
- Describes the care you receive
- Allows you, your insurance company or other third-party payer to make sure that the services billed were provided to you
- Allows health care professionals and organizations involved in your care to conduct treatment, payment, and health care operations
- Contains information we will need to contact you about appointment reminders, treatment alternatives, or other health-related benefits

Your Health Information

You have certain rights relating to your health information. As a patient, you generally have the right to:

- Request a copy or summary of your Health Information or to inspect it
- Request an amendment to your Health Information if you feel there is an error
- Request a restriction on certain uses and disclosures of your Health Information (we will consider reasonable, appropriate requests but are not obligated to agree to them)
- Obtain an accounting of when and with whom we have shared or disclosed your Health Information for some types of disclosures
- Request that we communicate with you about your Health Information in a particular way or at a certain location
- Obtain a paper copy of our Notification of Privacy Rights
- Revoke a previous authorization to certain uses and disclosures of your Health Information by us, except where actions have already been taken by us relating to that authorization
- File a complaint if you believe that your privacy rights have been violated. (We are the appointed "Privacy Officers" for our practice per HIPAA regulations. If you have any concerns of any sort that our office may have somehow compromised your privacy rights, please do not hesitate to speak to one of us immediately about this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.)

Our Responsibilities

CAPA is required to:

- Protect the privacy of your Health Information
- Provide you with a copy of this Notice describing our privacy policy and legal duties
- Abide by the terms of our current Notice
- Notify you if we are unable to agree to, or comply with, your request for access, changes, accounting of disclosures, restrictions, or revocation of authorization
- Accommodate reasonable requests to communicate with you about your Health Information in a particular way or at a certain location
- Obtain written permission from you for any uses and disclosure not mentioned in the Notice

We reserve the right to change our Notice and our privacy practices and to make the new provisions effective for all Health Information we keep. Should our privacy practices change, we will post our revised Notice in our office. An updated version may also be provided at your request during a return visit. We will not use or disclose your Health Information without obtaining your authorization, except as described in this Notice or as otherwise required or permitted by law (for example in emergency treatment situations).

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Ways We May Use or Disclose Your Health Information

The following describes some of the ways in which we may use and disclose your health information:

1. **Treatment.** We will use your Health Information to treat you. We may also provide copies of your Health Information to other health care providers who care for you. We may also share your Health Information with others, such as family members, who are involved in your care.
2. **Payment.** We may use and disclose your Health Information to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, including the range of benefits. We may also provide your insurer with details regarding your treatment or to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your Health Information to bill you directly for services.
3. **Health Care Operations.** We will use your Health Information for our business operations. For example, we may use your Health Information to evaluate the quality of care you receive from us, to train other health care professionals, and to make business plans for our practice.
4. **Vendors.** Some of our services are provided by outside vendors. For example, we may use a service to handle billing and collections. We may disclose Health Information to our vendors so that they can perform the job we have asked them to do. To protect your Health Information, we require these vendors to agree in writing to keep your Health Information safe using the same standards that we are required to observe.
5. **Appointment Reminders & Treatment Alternatives.** We will use your Health Information to remind you of an appointment or to tell you about treatment alternatives and other health-related benefits or services.
6. **Communication with Family.** We may disclose to a family member, or other relative, close personal friend, or other person **(that you identify)**, Health Information that is, in our judgment, relevant to that person's involvement in your care or payment for our care.
7. **Persons under the Age of 18.** We will work to protect confidentiality of our under-age patients, but under certain circumstances we may be required to tell your parents or guardian about your visit or provide them with all or part of your Health Information.
8. **Research.** We may disclose your Health Information for research purposes in certain limited circumstances when you have provided a written authorization and/or when a research protocol has been designed and approved by an Internal Review Board (IRB) or privacy committee.
9. **News Gathering Activities.** We may contact you or one of your family members to discuss whether or not you want to participate in a media or news story.
10. **Food and Drug Administration (FDA).** We may disclose to the FDA your Health Information in connection with adverse events with respect to medications, food, supplements products and product defects or post-marketing surveillance information to enable product recall, repair or replacement of regulated items.
11. **Workers' Compensation.** We may disclose your Health Information to comply with laws relating to workers compensation or other similar programs established by law.
12. **Public Health.** We may disclose your Health Information, as required by law, to public health officials or legal authorities charged with improving health or preventing or controlling disease, injury, or disability.
13. **Law Enforcement/Prevention of Harm/Required by Law.** We may disclose your Health Information for law enforcement purposes as required by law or in response to a valid subpoena or court order, or where, in our judgment, we believe there may be a threat of serious bodily harm to a patient or other person. Also, Federal or state law may require that your Health Information be released by us to an appropriate health oversight agency, public health authority, or other organization in certain circumstances.

Please be aware that with these new guidelines to protect your privacy it may on occasion cause a delay in information being shared or transferred. It is important to our group that we maintain the highest standards not only to our patients, but anyone involved with our patient's treatment.