



## **NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THE CENTER FOR DEVELOPING MINDS) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

### **OUR COMMITMENT TO YOUR PRIVACY**

The Center for Developing Minds is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

**The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.**

### **WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI.

- **Treatment.** Our practice may use your IIHI to treat you (e.g. to write a prescription or order labs). We may also disclose your IIHI to other health care providers for purposes related to your treatment.
- **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
- **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business.
- **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

- **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
- **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care.
- **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

#### **USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information.
- **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law.
- **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
- **Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official.
- **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances, but only with your written authorization to use your IIHI
- **Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- **Military.** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

#### **YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

- **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location
- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes.

- **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice.
- **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.”
- **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. We, of course, would appreciate any opportunity to correct a mistake prior to such filing.
- **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact **Damon Korb, MD, Director of the Center for Developing Minds.**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_, have received a copy of The Center for Developing Minds’s Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient \_\_\_\_\_  
Date

If child is considered a minor:

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date