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## **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: September 1, 2012

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care. This Notice describes how physical & mental health information about you may be used and disclosed, your rights regarding this information, and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact: The Office Administrator, Contemporary Care.

This Notice describes the privacy practices at Contemporary Care.

### **We are required by law to:**

- Maintain the privacy of protected health information as required by law
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the Notice currently in effect.

### **How we may use and disclose your health information:**

Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to the TMS Coordinator.

**Treatment.** We may use and disclose your physical & mental health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your physical & mental health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. We may also share physical & mental health and substance abuse information about you with other healthcare providers, agencies or facilities who are treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We also may disclose mental health information about you to people who may be involved in your continuing mental health or medical care after you leave our practice, such as other health care providers, transport companies, community agencies and family members.

**Payment.** We may use and disclose your physical & mental health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.

**Health Care Operations.** We may use and disclose your physical & mental health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your physical & mental health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your physical & mental health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

**Disaster Relief.** We may disclose physical & mental health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, we will use our professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

**Research.** We may use and disclose your physical & mental health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special

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approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your physical & mental health information.

As Required by Law. We will disclose your physical & mental health information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your physical & mental health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can help prevent or reduce the threat.

Business Associates. We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

Organ and Tissue Donation. If you are an organ donor, we may release mental health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your physical & mental health information as required by military command authorities. If you are a member of a foreign military we may release your physical & mental health information to the foreign military command authority.

Workers Compensation. We may release your physical & mental health and substance abuse information for workers compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Disclosures We may disclose physical & mental health information about you for public health purposes. These purposes generally include the following: (1) preventing or controlling disease (such as cancer and tuberculosis), injury or disability; (2) reporting vital events such as births and deaths; (3) reporting child abuse or neglect; (4) reporting adverse events or surveillance related to food, medications or defects or (5) reporting problems with products; (6) notifying persons of recalls, repairs or replacements of products they may be using; (6) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (7) notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect and make this disclosure as authorized or required by law; (8) notifying the coroner of a patient's death; (9) notifying emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law; (10) notifying multidisciplinary personnel teams relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or an abused elder or dependent adult.

Health Oversight Activities. We may disclose your physical & mental health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. We may release your physical & mental health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your physical & mental health information in response to a court or administrative order. We may disclose your physical & mental health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release as appropriate your physical or mental health information to law enforcement: (1) pursuant to a subpoena by law enforcement; (2) as needed for the protection of others; or (3) if there is a court order, subpoena, or other legal process for release of the information. Information may also be released to (1) law enforcement without their request in order to protect others whom you threaten to injure and to (2) persons who are in danger from a threat you have made.

Department of Justice. We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

Protection of Elective Constitutional Officers. We may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

National Security and Intelligence Activities. We may disclose your physical & mental health information to authorized federal officials for intelligence and other national security activities authorized by law.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or in custody we may disclose your

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information 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

### **YOUR RIGHTS REGARDING YOUR PHYSICAL & MENTAL HEALTH INFORMATION**

**Right to Inspect and Copy.** You have the right to inspect and or receive a copy of your physical & mental health information and billing records. In order to do so, you need to send a written request to the TMS Coordinator. If you request a copy of the information, there is a fee for these services. We may deny your request to inspect and/or to receive a copy in certain very limited circumstances.

**Right to Amend.** You have the right to request an amendment to your records by written request to the TMS Coordinator.

**Right to an Accounting of Disclosures.** You have a right to an accounting of certain disclosures by written request to the TMS Coordinator.

**Right to Request Restrictions.** You have the right to request restriction or limitation on your physical & mental health information used for treatment, payment or health care operations. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to THE OFFICE MANAGER. We are not required to agree with your request, but we will try to comply.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and be addressed to THE OFFICE MANAGER. We will accommodate reasonable requests.

**QUESTIONS OR COMPLAINTS.** If you have any questions about this Notice, please contact the TMS Coordinator. If you believe your privacy rights have been violated, you may file a complaint with the Office Manager. To file a complaint with the Secretary of the Department of Health and Human Services contact the Department of Health and Human Services, Office of Civil Rights, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203 (PHONE) (800) 368-1019, (FAX) (617) 565-3809, (TDD) (800) 537-7697. *You will not be penalized for filing a complaint.*

**OTHER USES OF YOUR HEALTH INFORMATION.** Other uses and disclosures of physical & mental health information not covered by this Notice will be made only with your written permission. If you provide us permission to disclose such information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose such information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

### **CHANGES TO THIS NOTICE**

We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to the Office Manager.

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***Patient Acknowledgement of Receipt  
of HIPAA Notice of Privacy Practices:***

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(please print)

Maiden/other name used(ifapplicable): \_\_\_\_\_

I acknowledge that I have received a copy of the privacy practice of Contemporary Care, LLC.

A photocopy or facsimile of this signature is as valid as the original.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_