Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us inane form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find Revive Psychiatry will do all it can to protect the privacy of your mental health records.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

The mental health licensing law provides extremely strong privileged communication protections for conversations between your provider and you. There is a difference between privileged conversations and documentation in your mental health records. Records are kept to document your care as required by law, professional standards, and other review procedures. HIPPA very clearly defines what kind of information is to be included in your “designated medical record” as well “Psychotherapy Notes” which are not accessible without your authorization to insurance companies and other third-party reviewers.

HIPPA provides privacy protections about your personal health information. We may use and disclose your medical and mental health records without authorization for each of the following: treatment, payment, and health care operations. These functions require release of Protected Health Information (PHI). Below are the definitions of treatment, payment, and health care operations.

• Treatment refers to Revive Psychiatry and its treating providers, providing your activities, coordinating or managing your mental health care, and other related services. Examples include: a behavioral health medication follow-up visit in which the provider records information in the health record; consulting with another specialist in the area to obtain input, or communicating to another treating provider for the purpose of providing your health care.

• Payment refers to actives that include obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Examples include sending a bill for your visit to your insurance company for payment, the health insurance company or a business associate hoping us obtain payment by requesting information from us regarding your care. We will provide the necessary information about you and the care given.

• Health care operations include the business aspect of running a practice. This includes conducting quality assessment and improvement activities, auditing functions, and customer services.

• Judicial or administrative proceedings. An example would be if you are ordered here by the court for treatment.

• Serious threat to health or safety. This includes Duty to Warn if you present an imminent threat and/or danger to yourself or others.

• Worker’s Compensation Claims. If you are having your care reimbursed under worker’s compensation, all of your care is automatically subject to review by your employer and/or insurer(s) with the exception of Psychotherapy Notes.

• Disclosures to coroners, medical examiners, and funeral directors.

• Disclosures to organ procurement organizations.

Your Health Information Rights

You have the following rights with respect to your Protected Health Information, which you can exercise by presenting a written request to Revive Psychiatry:

• Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but will respond to any request received.

• Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (PHI).

• Right to inspect and copy your records in the designated mental health record set and billing record. You may exercise this right by delivering the request in writing to our office using the form provided by Revive Psychiatry upon your request. You have the right to appeal a denial of access to your protected health information except in certain circumstances.

• Request that your medical record be amended to correct incomplete and/or incorrect information. You may exercise this right by delivering the request in writing to our office using the form provided by Revive Psychiatry upon your request. The provider is NOT required to make any amendment; however, you may file a statement of disagreement if your request is denied. You may also require the request for amendment and any denial be included in all future disclosures of your PHI.

• Right to receive an accounting of non-authorized disclosures of your PHI as required to be minted by law by delivering the request in writing to our office using the form provided by Revive Psychiatry upon your request. An accounting will not include internal use such as: information used for treatment payment, or operations; disclosures made to you or made at your request; or non-medical record disclosures made to family members or friends in the course of providing care.

• Right to confidential communication by requesting communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form provided by Revive Psychiatry upon your request.

• Right to revoke your authorization of your PHI except to the extent that action has already been taken.

If you would like to exercise any of the rights listed above, please contact our office in person or in writing during regular office hours.

Our Responsibility

Revive Psychiatry is required to:

• Maintain the privacy of your health information as required by state and federal law

• Provide you with a notice of our duties and privacy practices

• Abide by the terms of this notice

• Notify you if we cannot accommodate a requested restriction or request.