

Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices

Effective Date: May 1, 2023

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our privacy practices with respect to protected health information (referred to in this Notice of Privacy Practices as “PHI,” “medical information,” or “health information”). This Notice describes how we may use and disclose your medical information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that can be used to identify you. It contains data about your past, present or future health or condition, the provision of health care services to you, or the payment for such services.

How We May Use or Disclose Your Health Information

By law, we are required to ensure that your protected health is kept confidential. We can use or disclose your PHI under the following circumstances:

Treatment. We may use or disclose your PHI to provide, coordinate, or manage your medical care. We may share your medical information with other physicians or other health care providers who are not part of the medical practice and who will provide services to you. For example, we may share information, as necessary, with a pharmacist who needs it to dispense a prescription to you.

Payment. We may use and disclose PHI so that we can receive payment for the services we provide to you. This will only be done with your authorization. For example, we might use PHI to make a determination of eligibility or coverage for insurance benefits or processing claims with your insurance company.

Health Care Operations. We may use and disclose your PHI as needed to support the business activities of our organization. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits (including fraud and abuse detection and compliance programs) and business planning and management. Under HIPAA, we may share your PHI with our "business associates" that perform administrative or other services for us, provided we have a written contract with the business that requires it to safeguard the confidentiality of your PHI. An example of a business associate would be a billing services company.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Communication with Family. We may disclose information to close family members or friends, your personal representative, or another person directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Required by Law. As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law. For example, we may use or disclose PHI when the law requires us to report abuse and neglect, respond to judicial or administrative proceedings, respond to law enforcement officials or report information about deceased patients.

Public Health. We may, and are sometimes required by law to disclose your health information to public health authorities for public health activities such as: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; and reporting to the Food and Drug Administration problems with products and reactions to medications.

Health Oversight Activities. We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and applicable state law.

Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your PHI in the course of an administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement. To the extent authorized or required by law, we may disclose your PHI to a law enforcement official for purposes such as complying with a court order, warrant, grand jury subpoena and other law enforcement purposes. If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional institution as authorized or required by law.

Public Safety/National Security/Protective Services. We may, and are sometimes required by law, to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims and for other public safety purposes. Moreover, as authorized or required by law, we may disclose your PHI for national security or intelligence purposes or to authorized federal officials so they can provide protection to the President or other authorized persons or foreign heads of state.

Sale of PHI. We are prohibited from disclosing your PHI in exchange for direct or indirect remuneration unless we have obtained your prior authorization to do so.

Marketing or Fundraising. We must obtain your authorization before using or disclosing your PHI for marketing communications that involve financial remuneration. The authorization must disclose the fact that we are receiving financial remuneration from a third party.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Your Health Information Rights

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to info@drelizapark.com.

Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid.

Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a post office box or to your work address. We will comply with all reasonable requests which specify how or where you wish to receive these communications. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Right to Inspect and Copy. You have the right to inspect and copy your health information that is maintained in a “designated record set,” with limited exceptions. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information. If we deny your request for amendment, you have the right to file a

statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your health information. To obtain an accounting of disclosures, you must submit your request in writing. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Notification of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to a Copy of this Notice. You have a right to a copy of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received.

Complaints and Comments

If you have any questions concerning or objections to this form, please ask to speak with clinic management. You may notify our privacy contact if you believe your privacy rights have been violated by us. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint. We also welcome your comments on these policies. Please feel free to contact us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

Acknowledgment of Receipt of Notice of Privacy Practices and HIPAA Consent Form

This consent form is required, according to Federal HIPAA regulations, for me to provide services. It documents agreement with the Notice of Privacy Practices form. This form is an agreement between you and Eliza Park, MD of Park Psychiatry, PLLC.

When I, or anyone associated with this practice, provides examination, testing, diagnosis, treatment, or a referral for you, this will include the collection of what the law called Protected Healthcare Information (PHI) about you. This information is necessary to decide what treatment is best and to provide it. This information may be shared with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions. By signing this form, you are agreeing to allow the use of your information here or with others as is explained in more detail in the Notice of Privacy Practices. It also details your rights. Your consenting to this form approves the practices detailed in the Notice of Privacy Practices summary and full Notice. In the future, some of these policies may change. You can request an updated copy of the Notice of Privacy Practices.

If you have concerns about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment or administrative purposes. You would need to communicate in writing what you are asking. After receiving it, although I am not required to agree to the request, I would let you know if I can agree with the limitations. If I agree, I will do my best to do as you asked. After you have signed this consent, you have the right to revoke it by writing a letter to me in my role of Privacy Officer, informing me that you no longer consent. I would no longer be able to provide treatment, because of the requirement of me to have a signed consent form in order to provide services. If I receive such a revocation of this consent, I will comply with your wishes about using or sharing your information from that time on but I may already have used or shared some information in accord with this consent and of course would not be able to change that.

My signature below indicates that I have either downloaded or have been provided a copy of The Patient Notice of Privacy Rights and have had the opportunity to review this document prior to signing it.

X _____
Signature of Patient or Legally Responsible Person

Date

Printed name of Patient or Legally Responsible Person

Relationship to Patient (if other than patient)