Valley Psychiatric Associates, P.C.

*****KEEP A COPY FOR YOUR RECORDS*****

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2003

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Treatment: This includes treatment and services provided to doctors, nurses and others involved in your medical care if we have a signed release of information.

Payment: This includes billing for services, collection and payment from you, an insurance company or a third party. We may release this information by a paper copy, fax or electronic transmission.

POSSIBLE DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to releasing disclosures of protected health information for treatment, payment and routine operations, we may make the following disclosures:

REQUIRED BY LAW

We will disclose medical information about you when required by federal, state and local law.

PUBLIC HEALTH ACTIVITIES

We may disclose health information about you to public health or legal authorities charge with preventing or controlling disease, injury or disability. We are required to report the following to the State of Alabama:

- Child and elder abuse or neglect
- Births and deaths
- Exposures to a reportable disease
- Disease control or prevention

HEALTH OVERSIGHT ACTIVITIES

We may disclose information to health oversight agencies for activities authorized by law. These oversight activities include, audits, investigations, inspections and licensure. These activities are necessary for the government programs and compliance with civil right laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a subpoena or court order. We may disclose medical information for judicial or administrative proceedings as required by law.

TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY

We may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We also may release medical information about foreign military personnel to appropriate foreign military. We may release information about you to the American Red Cross.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release information about you to authorized federal officials for intelligence and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose medical information about you to federal officials so that they may provide protection to the President, other authorized persons or foreign heads of states or conduct special investigations.

WORKERS' COMPENSATION

We may release medical information about you for worker' compensation or similar programs.

APPOINTMENT REMINDERS

We use and disclose medical information to contact you as a reminder that you have an appointment for treatment at Valley Psychiatric Associates, P.C.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institute or law enforcement official.

NOTICE OF INDIVIDUAL RIGHTS

Although all records concerning you and/or treatment are the property of Valley Psychiatric Associates, P.C., you have the following rights regarding your health information.

RIGHT TO INSPECT AND RECEIVE COPIES OF HEALTH INFORMATION

You have the right to inspect and receive copies of health information used to make decisions about your care. Usually, this includes health and billing information, but DOES NOT INCLUDE PSYCHOTHERAPY NOTES.

You may make an appointment to discuss with the provider any questions that you may have in regard to your mental health record. There is a charge for this service.

RIGHT TO AMEND

If you feel that health information documented about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to this office. You must provide a reason to support the request. WE may deny you request if you ask us to amend information that:

- Was not created by us
- The person who made the entry is no longer available to make the amendment
- Is not part of the health information kept by Valley Psychiatric Associates, P.C.
- Is accurate and complete

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures. This is a list of disclosures we have made of your health information. To request this list, you must submit your request in writing to Valley Psychiatric Associates, P.C. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, we charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use to disclose about your treatment, payment or healthcare operations. You must submit this request in writing. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you may request that we notify you only through the mail. To request confidential communications, you must make your request in writing to this office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REVOKE AUTHORIZATION

You have the right to revoke your authorization to use or disclose your health information except to the extent the action has already been taken in reliance on your authorization. You may contact this office in writing to revoke the authorization.

RIGHT TO PAPER COPY OF THIS NOTICE

You have a right to a paper copy of this notice at any time. You may request a paper copy of this notice from this office.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We will post a copy of the current notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have additional questions, you may contact this office for further instruction. If you believe your privacy rights have been violated, you may file a complaint with this office or the Secretary of the Department of Health and Human Services, Region 4, Atlanta Federal Center, Suite 3B70, Forsyth Street, SW, Atlanta, Georgia 30303-8909, (404)562-7886.