



# Comprehensive Psychiatry Group

## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date April 14, 2003*

**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.**

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes Comprehensive Psychiatry Group's practices and applies to:

- All employees, staff, volunteers, medical staff, contracted physicians, business associates, and any other workforce members who see patients at Comprehensive Psychiatry Group.
- All other entities, that are affiliated with Comprehensive Psychiatry Group, which shall be referred to collectively as "Comprehensive Psychiatry Group" for the purpose of this notice. These affiliated entities follow the terms of this notice and may share health information with each other for treatment, payment or regular health operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We are required by law to maintain the privacy of our patients' protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. If Comprehensive Psychiatry Group revises the terms of this Notice, it will post a revised notice at its office, and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request. If you have any questions about this notice, please contact the Privacy Officer for Comprehensive Psychiatry Group at 330-726-9570, or in writing at 955 Windham Court Boardman, OH 44512.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:**

**Your Authorization** Except as outlined below; we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

**Uses and Disclosures for Treatment** We will make uses and disclosures of your protected health information as necessary for your **treatment**. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and illness that may include procedures, medications, tests, etc. We may also release your protected health information to another health care facility or professional who is not affiliated with Comprehensive Psychiatry Group, but who is or will be providing treatment to you. For instance, if, after you complete your treatment at our office (or while you are currently involved in treatment at our office), you are going to a Primary Care Physician or Specialist, we may release your protected health information to that Primary Care Physician or Specialist so that a plan of care can be prepared for you.

**Uses and Disclosures for Payment** We will make uses and disclosures of your protected health information as necessary for the **payment** purposes of those health professionals who have treated you or provided services to you. For instance, we may forward information regarding your treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you, to the person responsible for your payment, or to a collection agency.

**Uses and Disclosures for Health Care Operations** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care **operations**, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved In Your Care** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care, or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services** We may contact you to provide appointment reminders or test results. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer for Comprehensive Psychiatry Group at 330-726-9570, or in writing at 955 Windham Court Boardman, OH 44512.

**Other Uses and Disclosures** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

- We may release your protected health information for any purpose required by law
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- We may release your protected health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings
- We may release your protected health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with law
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you
- We may release your protected health information, if in limited instances, we suspect a serious threat to health or safety
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination

## **RIGHTS THAT YOU HAVE**

**Access to Your Protected Health Information** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. In following the State of Ohio guidelines, we will charge you \$15.00 base fee, \$1.00 per page for each page up to 10 pages. For pages 11-50 it is .50 per page, from page 51 on it is .20 per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain a "Consent to Release and Request Information" form from our Medical Records Department staff at Comprehensive Psychiatry Group at 330-726-9570, or by requesting it in writing from 955 Windham Court Boardman, OH 44512.

**Amendments to Your Protected Health Information** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an Amendment Request Form from the Medical Records Department staff at Comprehensive Psychiatry Group at 330-726-9570, or by requesting it in writing from 955 Windham Court Boardman, OH 44512.

**Accounting for Disclosures of Your Protected Health Information** You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting Request Forms are available from the Medical Records Department our office. The first accounting in any 12-month period is free; you will be charged a fee of \$25.00 for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information** You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or health care operations. A restriction request form can be obtained from the Medical Records Department. 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.

**We are not required to agree to your restriction request** but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the address at the end of this Notice.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail. To request confidential communications, you must make your request in writing to the address at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Complaints** If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer for Comprehensive Psychiatry Group at 955 Windham Court Boardman, OH 44512. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services 200 Independence Avenue SW, in Washington D.C. 20201 in writing within 180 days of a violation of your rights. **There will be no retaliation for filing a complaint.**

**Acknowledgment of Receipt of Notice** You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices. We will keep the original acknowledgement page as part of your official patient medical record. You may request a copy of this form at any time during your treatment.

**FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at Comprehensive Psychiatry Group at 330-726-9570, or you may ask to set up a meeting by putting your request for a meeting in writing and forwarding it to the Privacy Officer at 955 Windham Court Boardman, OH 44512.

As a patient you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**EFFECTIVE DATE** This Notice of Privacy Practices is effective April 14, 2003.

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I, the undersigned patient (or parent / guardian of a minor patient), do hereby attest that Comprehensive Psychiatry Group, Inc. provided me with a copy of its HIPAA NOTICE TO PRIVACY PRACTICES.

HIPAA, (the Health Insurance Portability and Accountability Act of 1996), requires that effective April 14, 2003 all health care providers present their patients with a copy of the health provider's Privacy Practices.

By signing below, I attest only that I was indeed provided with a copy of the Privacy Practices. The HIPAA Notice of Privacy Practices handout is mine to review and keep. This form will be kept as a permanent part of my medical record at Comprehensive Psychiatry Group, Inc.

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Signature of patient / parent / guardian

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Date