

# North Pointe Psychiatry, PA

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

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### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. This Notice takes effect immediately, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by the applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including health information we created or received before we make the changes. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request. We will post a copy of our current notice in our office. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us using the information listed at the end of this Notice.

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### **UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

Each time you visit our office a record is made of your visit and includes PHI that includes your symptoms, examination notes, test results, diagnoses, treatment and plan of care for you. This PHI, often referred to as your health or medical information, serves as a:

- Tool for planning your care, treatment and any follow-up care you may need
- Means of communication among other health care professionals who contribute to your care
- Legal document describing the care you received
- Means by which you and/or a third party payer (for example: insurance carriers, Medicare) can verify that services billed were actually provided
- Source of information for federal and state public health officials charged with protecting the health of the nation
- Tool that can be used to assess and continually improve the care rendered and the medical treatment that you receive.

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### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

We use and disclose health information about you for treatment, payment and healthcare operations.

**Treatment:** We may use your PHI to treat you or disclose your PHI to a physician or other healthcare provider for which you are referred for treatment.

**Payment:** We may use and disclose your PHI to obtain payment for services we provide to you. This includes submitting billing and charge information to your insurance company or third party payer for reimbursement of the treatment services that we provided you.

**Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities reviewing the competence or qualifications of healthcare professionals, evaluating practitioners or provider performance, conducting training programs, accreditation and certification, licensing or credentialing activities.

**To Business Associates for Treatment, Payment or Healthcare Operations:** We may use and disclose your PHI to our business associates in order to carry out treatment, payment or healthcare operations that the business associate performs on our behalf. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the treatment we provided you.

**Your Authorization:** In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI to disclose it to anyone for any purpose. If you give us authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosure performed by your authorization while it was in effect. Unless you give us written authorization, we cannot use or discuss your PHI for any reason except those described in the Notice.

**To Your Family and Friends:** With your verbal authorization we can disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment of your healthcare.

**Person Involved in Care:** We may use or disclose PHI to notify, or assist in the notification of (including, identifying, and locating) a family member, your personal representative or another person responsible for your care, of your locations, your general conditions or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on

determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest allowing a person to pick up filled prescriptions, samples, medical supplies or other similar forms of health information.

**Required by Law:** We may use or disclose your PHI when we are required to do so by federal, state or local law. We disclose your PHI in response to a court or administrative order including court ordered subpoenas or discovery requests.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure.

**Public Health Reporting including Abuse or Neglect:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or the health or safety of others.

**National Security:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having custody of PHI of an inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders such as voicemail messages, postcards or letters.

**Laboratory/Pathology/Culture Results:** All patients are attempted to be notified of their results by telephone if there appears to be a concern. It is your responsibility to call our office for your results if we are unable to reach you.

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## PATIENT RIGHTS

**Access:** You have the right to inspect and obtain a copy of your PHI, with limited exceptions. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. There is a charge for medical records. If your records are transferred directly to another physician there is no fee charged.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the past 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Restriction:** You have the right to request that we place additional restrictions on our use and disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in emergency situations. You may obtain a form to request restricted disclosures by using the contact information listed at the end of this Notice.

**Alternative/Confidential Communication:** You have the right to request that we communicate with you about your PHI by alternative means or to an alternative location. For example, you may request that we contact you at a work phone number instead of your home phone number. You must make your request in writing. Your request must specify the alternative means or action and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendments:** You have the right to request that we may amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written format.

**Email:** Email is to be used for initial contact, generalized information on procedures, or scheduling appointments. Email cannot substitute for a physician visit. Do not send urgent emails or requests for immediate medical attention. Please call our office if in need of immediate assistance (469)444-2244.

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## QUESTIONS OR COMPLAINTS

If you want more information about our privacy practices or have questions or concerns please contact us.

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice please contact our privacy officer at (469)444-2244. You may be asked to submit your complaint in writing so that our Privacy Officer can complete a thorough investigation.