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#### Notice of Privacy Practices for Protected Health Information to Individuals

##### **Our Duty to Safeguard Your Protected Health Information:**

Nelson Psychiatric Associates PLLC is required by a federal law, entitled the Health Insurance Portability and Accountability Act (HIPAA), to safeguard your Protected Health Information (PHI). PHI is individually identifiable information about your past, present, or future health or condition, the provision of health care for you, or payment for health care. We are required to give you a notice of our privacy practices for the information that we collect and keep about you.

##### **Our Pledge Regarding Your PHI:**

We understand that health information is personal, and we are committed to protecting this information. This privacy notice applies to all of your health information, including (1) records relating to your care at our office, (2) health care records received by us from another source, and (3) any other information about you while you are in our care.

There are three required statutes which would not protect your health information:

1. Any suspected child/elder abuse, as this is required by law to be reported to appropriate authorities.
2. If there is reason to believe that the patient is an imminent danger to his/herself or to anyone else, as this is required by law to be reported to appropriate authorities, as well as to warn the individual who may be threatened.
3. If a patient is involved in legal proceedings, their records may be subpoenaed.

We are required by law to:

1. Keep your PHI confidential.
2. Provide you with a privacy notice.
3. Follow the terms within this privacy notice.

##### **How We May Use and Disclose Your PHI For Treatment, Payment, and Operations:**

- **For Treatment:** We may use or disclose your PHI to other professionals within our practice who are also involved in taking care of you.
- **Appointment Reminders:** We may use your PHI to contact you as a reminder that you have an appointment.
- **Emergency Situations:** At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgement, and as per 164.522(a) of HIPAA, we may disclose your information to these persons in the event of an emergency situation. Your information may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location or condition in the event of an emergency.
- **For Research:** In certain circumstances, and under supervision of an institutional review board, we may disclose PHI in order to assist medical research.

##### **Your Rights Regarding PHI:**

- **Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your electronic records. You must make the request in writing. You will be charged a fee for the cost of copying your records.
- **Right to Amend:** If you feel that there is a mistake or missing information in the record of your PHI, you may ask that your PHI be edited. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI.
- **Right to Know What Health Information We Have Released:** You have the right to ask for a list of disclosures made of your PHI that have been made for purposes other than those listed on the privacy notice. You must request this list in writing.
- **Right to Request Restrictions:** You have a right to ask us to limit how your PHI is used or disclosed. You must make this request in writing and tell us what information you want to limit and to whom the limits apply.
- **Right to Confidential Communications:** You have the right to ask that we communicate with you in a certain way or at a certain place. You must make this request in writing.
- **Right to Authorize Release of Information:** Other releases of your PHI can be made only if you request it and you can change your authorization at any time.
- **Right to Be Notified of Information:** In the event of a breach of unsecured PHI, you will be notified.
- **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact the office at the address or phone number listed above. We reserve the right to change our privacy practices and this notice at any time. We will post a copy of the current notice on our website at [www.nelsonpsychiatricassociates.com](http://www.nelsonpsychiatricassociates.com).
- **How to Get More Information or Complain About Our Privacy Practices:** If you have any questions about this notice, please ask Dr. Nelson. If you believe that we have violated your privacy rights, you may file a written complaint to our office at the address above, or notify the U.S. Department of Health & Human Services at 200 Independence Ave. SW, HHH Building, Room 509H, Washington, DC 20201. You will not be affected by filing a complaint.