

# HIPAA Notice of Privacy Practices

## Affinitas Psychiatric Care

**This notice describes how medical information and other private information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

Affinitas Psychiatric Care is required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice of our legal duties and privacy practices in accordance with the Health Information Portability and Accountability Act ("HIPAA"). Protected Health information ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition(s) and related health care services. When we use or disclose your PHI, we are required to abide by the terms of this Notice.

### Information We Collect

To carry out our service and programs, we collect and use individually identifiable information such as your name, date of birth, Social Security number, sex, medical history, dependent information and other personal information. You or your referring source may provide this information on your application or other forms by phone, fax, email, or other means.

### Our Uses and Disclosures

**We typically use or share your health information in the following ways.**

**For Treatment.** – We can use your health information and share it with other professionals who are treating you. Example: Our health care providers use your PHI to manage your treatment and services.

**For Payment.** – We can use and share your health information to bill and get payment from health plans or other entities for your mental health services. Example: We use and disclose PHI to health plans in order to obtain reimbursement for the services we provide to you.

**For Health Care Options.** – We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use and disclose your PHI for licensing and quality assessment purposes.

We also can use or share your health information in ways that contributed to the public good, allows us to improve our program(s), or where we are required or permitted to do so by law. These uses and disclosures include:

- Reminding you of your appointment, or notifying you when an appointment must be cancelled or rescheduled
- Determining your eligibility for our services and developing service goals and plans.
- The preparation and use of limited data sets and de-identified information for research, public health, and healthcare operations purposes.
- To prevent a serious threat to health or safety
- For public health purposes such as reporting child abuse or neglect and to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Reporting abuse and neglect to a government authority that is permitted by law to receive such reports.
- Health oversight activities, such as inspections, accreditations, and audits of our facilities and services.
- For lawsuits, disputes, and where disclosure is otherwise required by law, such as a court order or subpoena (we will always attempt to notify you prior to disclosing any of your information).
- For law enforcement, workers' compensation and other governmental requests.
- At your request, with a valid consent for Release of Information.
- When otherwise required by federal or state law.

**Other uses and Disclosures.** Other uses and disclosures of your health information which are not provided for in this notice will only be made with your written authorization. If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization. In addition, we may respond to requests for disclosure pursuant to a revoked authorization in order to notify the requestor of the revocation.

## **Your Rights**

**Right to request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will make every effort to accommodate reasonable requests.

**Right to request restrictions to how we use and disclose your PHI.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Right to access PHI.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy of a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Note: Access to certain categories of PHI will be denied when allowed by law, such as psychotherapy notes and PHI that is to be used in a civil, criminal, or administrative action or proceeding.

**Right to Amend your PHI.** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Right to an accounting of certain disclosures of PHI.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to be notified in the event of a breach of your PHI.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.

**Right to receive a copy of this privacy notice.** You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

**Right to have someone act on your behalf.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Right to file a complaint.** You can complain if you feel we have violated your rights by contacting us using the information below. You can also file a complaint with the U.S. Department of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) We will never retaliate against you for filing a complaint.

**Right to refuse to provide information.** You may refuse to give us some or all of your personal information. This may mean that we will be unable to treat you or will limit the services we are capable of providing.

## **Questions and Complaints**

If you have any questions about this notice or you wish to file a complaint, contact our Privacy Officer at: 701-404-8969. (The Privacy Officer for Affinitas Psychiatric Care is the President/Owner).

**Effective Date and Future Changes**

The effective date of this Notice is March 30, 2021. We may make future changes to this Notice in order to comply with any changes to privacy laws or to make improvements to our internal privacy practices. If we make changes to the terms of this Notice, the new terms will be applicable to all PHI we have in our possession, including information that was created or received before the Notice was changed. If the Notice is changed, we will display it at the office where mental health services are provided and post it on our website. A hard copy or electronic version of the Notice will also be available upon request.

By signing this document, I acknowledge that I have received a copy of the Affinitas Psychiatric Care Notice of Privacy Practices.

\_\_\_\_\_  
Printed Client name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client's representatives (if applicable)

\_\_\_\_\_  
Relationship to Participant, or authority to act for client:

\_\_\_\_\_  
Signature of Client's Representative

\_\_\_\_\_  
Date