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| **NOTICE OF PRIVACY**  **PRACTICES**  **Positive Mind Psychiatry**  **PLC**  **HEALTH INSURANCE**  **PORTABILITY AND**  **ACCOUNTABILITY ACT OF 1996**  **(HIPAA)**  **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.**  **About Us**  We are Independent Professional providers who are committed to proving quality healthcare.  **What is “Protected Health**  **Information” or PHI?**  “Protected health information” or  “PHI” for short, is information that  identifies who you are and relates to  your past, present, or future payment  for the provision of health care to  you. PHI does not include  information about you that is publicly  available, or that is in a summary  form that does not identify who you  are.  **Purpose of this Notice**  In the course of doing business, we gather and maintain PHI about our consumers. We respect the privacy of your PHI and understand the importance of keeping this  information confidential and secure.  This notice describes our privacy  practices and how we protect the  confidentiality of your PHI. We are  obligated to maintain the privacy of  your PHI by implementing  reasonable and appropriate  safeguards. We are also obligated to  explain to you by this Notice about  your legal obligations to maintain the  privacy of PHI. We must follow our  Notice that is currently in effect.  **How We Protect your PHI**  We restrict access to your PHI to  those employees who need access in order to provide services to our  consumers. We have established and maintain appropriate physical,  electronic and procedural safeguards  to protect your PHI against  unauthorized use or disclosure. We  have established a training program  that our employees must complete  and update annually. We have also  established a Privacy Office, which  has overall responsibility for  developing, training and overseeing  the implementation and enforcement  of policies and procedures to  safeguard your PHI against  inappropriate access, use and  disclosure  **Types of Use and Disclosures of**  **PHI We may Make without your**  **Authorization**  **Treatment; Payment; Health Care**  **Operations** Federal and state law allows us to use and disclose your PHI in order to provide health care | services to you, as well as to bill and collect payments for the health care services provided.  For example, we may use your PHI  to review the quality of care provided  by your psychiatrist/therapist.  We may disclose your PHI to health  plans or other responsible parties to  receive payment for the services  provided to you by our participating  psychiatrist/therapist.  We may also use or disclose your  PHI, for example, to recommend to  you treatment alternatives, to inform  you about health-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct these  activities to provide behavioral health  care to you, and not as marketing.  Federal and state law also allows us  to use and disclose your PHI as  necessary in connection with our  health care operations. For example,  we may use your PHI for resolution  of any grievance or appeal that you  file if you are unhappy with the care  you have received. We may also use  your PHI in connection with  population-based disease  management programs. We may use  or disclose your PHI to perform  certain business functions with our  business associates, who must also  agree to safeguard your PHI as  required by law.  We are also allowed by law to use  and disclose your PHI without your  authorization for the following  purposes:  **1. When required by law** – In  some circumstances, we are  required by Federal and state  laws to disclose certain PHI to  others, such as public agencies  for various reasons.  2. **Reports about child and other**  **types of abuse or neglect, or**  **domestic violence**.  3**. For health oversight activities**  Such as reports to government  agencies that are responsible  for licensing physicians or  other health care providers.  4. For lawsuits and other legal  disputes – In connection with  court proceedings or  proceedings before  administrative agencies, or to  defend us or our psychiatrists/  therapists in a legal dispute.  5. To avert a serious threat to  the health or safety of you or  other members of the public..  6. For national security and  intelligence/military  activities – Such as  protection of the President  or foreign dignitaries, and  7. In connection with services  provided under workers’  compensation laws  We may disclose your PHI without  your written authorization, to your  family members or other persons if  they are involved in your care or  payment for that care.  You as a parent can generally control your minor child’s PHI. In some | cases, however, we are permitted or  even required by law to deny your  access to your child’s PHI, such as when your child can legally consent to medical services without your permission.  There are some types of PHI, such as HIV test results or mental health  information, which are protected by  stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.  Authorizations  All other uses and disclosures of your PHI must be made with your written authorization.  If you need an authorization form, we  will send you one for you or your  personal representative to complete.  When you receive the form, please fill it out and send it to the following address:    Positive Mind Psychiatry PLC  3885 S Val Vista Dr, #103  Gilbert, AZ 85297  You *may* revoke or modify your  authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.  **Your Rights Regarding your PHI**  **Access to Your PHI**  You have the right to review and copy your PHI we maintain. If you wish access to your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If you would like a copy of the information we have, please write to us at the same address. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request to review or copy of your  PHI, we will explain the reason in  writing. If we do not have your PHI,  but know who does, we will tell you  whom to contact.  **Right to Amend Your PHI**  You have the right to request  amendments to your PHI. If you wish  to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is not longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. We will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.  Right to Receive an Accounting of  Disclosures of Your PHI  You have the right to request an  accounting of certain disclosures that we make of your PHI. You can request an | accounting by writing to us. Please note  that certain disclosures, such as those made for treatment, payment or health care operations, need not be included in the accounting we provide to you. We will  respond to your request within a  reasonable period of time, but no later than 60 days after we receive your written  request.  **Right to Receive a Copy of This Notice**  You have the right to request and receive a paper copy of this Notice.  **Right to Request Restrictions**  You have the right to request restrictions  on how we use and disclose your PHI for  our treatment, payment, and health care  operations. All requests must be made in  writing. Upon receipt, we will review your  request and notify you whether we have  accepted or denied your request. Please  note that we are not required to accept  your request or restrictions. Your PHI is  critical for providing you with quality  health care. We believe we have taken  appropriate safeguards and internal  restrictions to protect your PHI, and that  additional restrictions may be harmful to  your care.  **Right to Confidential Communications**  You have the right to request in writing  that we provide your PHI to you in a  confidential manner. For example, you  may request that we send your PHI by an  alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g. calling you at a different telephone number, or sending a letter to you at your office rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.  **Right to Complain**  We must follow the privacy practices set  forth in this Notice while in effect. If you  have any questions about this Notice, wish to exercise your rights, or file a complaint; please direct your inquiries to:  Positive Mind Psychiatry PLC  3885 S Val Vista Dr, #103  Gilbert, AZ 85297  You may contact your Health Plan with  your concerns as well. You also have the  right to directly complain to the Secretary  of the United States Department of Health and Human Services. We will not retaliate against your for filing a complaint against us.  **Rights Reserved**  We will use and disclose your PHI to the  fullest extent authorized by law. We  reserve the rights as expressed in this  Notice. We reserve the right to revise our  privacy practices consistent with law and  make them applicable to your entire PHI  we maintain, regardless of when it was  received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to the Notice at any time.  Effective Date :October 1st 2013  Positive Mind Psychiatry PLC |