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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 thatidentifies who you are and relates toyour past, present, or future paymentfor the provision of health care toyou. PHI does not includeinformation about you that is publiclyavailable, or that is in a summaryform that does not identify who youare.**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 thisinformation confidential and secure.This notice describes our privacypractices and how we protect theconfidentiality of your PHI. We areobligated to maintain the privacy ofyour PHI by implementingreasonable and appropriatesafeguards. We are also obligated toexplain to you by this Notice aboutyour legal obligations to maintain theprivacy of PHI. We must follow ourNotice that is currently in effect.**How We Protect your PHI**We restrict access to your PHI tothose employees who need access in order to provide services to ourconsumers. We have established and maintain appropriate physical,electronic and procedural safeguardsto protect your PHI againstunauthorized use or disclosure. Wehave established a training programthat our employees must completeand update annually. We have alsoestablished a Privacy Office, whichhas overall responsibility fordeveloping, training and overseeingthe implementation and enforcementof policies and procedures tosafeguard your PHI againstinappropriate access, use anddisclosure**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 PHIto review the quality of care providedby your psychiatrist/therapist.We may disclose your PHI to healthplans or other responsible parties toreceive payment for the servicesprovided to you by our participatingpsychiatrist/therapist.We may also use or disclose yourPHI, for example, to recommend toyou treatment alternatives, to informyou about health-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct theseactivities to provide behavioral healthcare to you, and not as marketing.Federal and state law also allows usto use and disclose your PHI asnecessary in connection with ourhealth care operations. For example,we may use your PHI for resolutionof any grievance or appeal that youfile if you are unhappy with the careyou have received. We may also useyour PHI in connection withpopulation-based diseasemanagement programs. We may useor disclose your PHI to performcertain business functions with ourbusiness associates, who must alsoagree to safeguard your PHI asrequired by law.We are also allowed by law to useand disclose your PHI without yourauthorization for the followingpurposes:**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, and7. In connection with services provided under workers’ compensation lawsWe may disclose your PHI withoutyour written authorization, to yourfamily members or other persons ifthey are involved in your care orpayment for that care.You as a parent can generally control your minor child’s PHI. In some | cases, however, we are permitted oreven required by law to deny youraccess 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 healthinformation, which are protected bystricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.AuthorizationsAll other uses and disclosures of your PHI must be made with your written authorization.If you need an authorization form, wewill send you one for you or yourpersonal 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 85297You *may* revoke or modify yourauthorization 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 yourPHI, we will explain the reason inwriting. If we do not have your PHI,but know who does, we will tell youwhom to contact.**Right to Amend Your PHI**You have the right to requestamendments to your PHI. If you wishto 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 ofDisclosures of Your PHIYou have the right to request anaccounting of certain disclosures that we make of your PHI. You can request an | accounting by writing to us. Please notethat 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 willrespond to your request within areasonable period of time, but no later than 60 days after we receive your writtenrequest.**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 restrictionson how we use and disclose your PHI forour treatment, payment, and health careoperations. All requests must be made inwriting. Upon receipt, we will review yourrequest and notify you whether we haveaccepted or denied your request. Pleasenote that we are not required to acceptyour request or restrictions. Your PHI iscritical for providing you with qualityhealth care. We believe we have takenappropriate safeguards and internalrestrictions to protect your PHI, and thatadditional restrictions may be harmful toyour care.**Right to Confidential Communications**You have the right to request in writingthat we provide your PHI to you in aconfidential manner. For example, youmay request that we send your PHI by analternate 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 setforth in this Notice while in effect. If youhave 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 85297You may contact your Health Plan withyour concerns as well. You also have theright to directly complain to the Secretaryof 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 thefullest extent authorized by law. Wereserve the rights as expressed in thisNotice. We reserve the right to revise ourprivacy practices consistent with law andmake them applicable to your entire PHIwe maintain, regardless of when it wasreceived 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 2013Positive Mind Psychiatry PLC |