LAUREL PSYCHIATRY

HIPAA Notice of Privacy Practices

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of Laurel Psychiatry's responsibilities to help you.

1. Get an electronic or paper copy of your medical record.
2. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask Laurel Psychiatry how to do this.
3. Laurel Psychiatry will provide a copy or a summary of your health information, usually within 30 days of your request. Laurel Psychiatry may charge a reasonable, cost-based fee.
4. Ask Laurel Psychiatry to correct your medical record.
5. You can ask Laurel Psychiatry to correct health information about you that you think is incorrect or incomplete. Ask Laurel Psychiatry how to do this.
6. Laurel Psychiatry may say "no" to your request, but Dr. Laurel will tell you why in writing within 60 days.
7. Request confidential communications.
8. You can ask Laurel Psychiatry to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
9. Laurel Psychiatry will say "yes" to all reasonable requests.
10. Ask Laurel Psychiatry to limit what the practice uses or shares.
11. You can ask Laurel Psychiatry not to use or share certain health information for treatment, payment, or our operations.
12. Laurel Psychiatry is not required to agree to your request, and the practice may say "no" if it would affect your care.
13. If you pay for a service or health care item out-of-pocket in full, you can ask Laurel Psychiatry not to share that information for the purpose of payment

or the practice's operations with your health insurer. Laurel Psychiatry will say "yes" unless a law requires us to share that information.

14. Get a list of those with whom Laurel Psychiatry has shared information.
15. You can ask for a list (accounting) of the times Laurel Psychiatry has shared your health information for six years prior to the date you ask, who the practice has shared it with, and why.
16. Laurel Psychiatry 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). Laurel Psychiatry will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
17. Get a copy of this privacy notice.
18. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Laurel Psychiatry will provide you with a paper copy promptly.
19. Choose someone to act for you.
20. 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.
21. Laurel Psychiatry will make sure the person has this authority and can act for you before the practice takes any action.
22. File a complaint if you feel your rights are violated:
    a. You can complain if you feel we have violated your rights by contacting Dr. Laurel
    b. You can file a complaint with Laurel Psychiatry and the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
23. A complaint must be received by us or filed with the U.S. Department of Health and Human Services within 180 days of the violation.
24. Laurel Psychiatry will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell Laurel Psychiatry your choices about what the practice will share. If you have a clear preference for how Laurel Psychiatry shares your information in the situations described below, talk to Dr. Laurel. Tell Dr. Laurel what you want her to do, and she will follow your instructions. In these cases, you have both the right and choice to tell Dr. Laurel to:

1. Share information with your family, close friends, or others involved in your care.
2. Share information in a disaster relief situation.
3. Include your information in a hospital directory.
4. Contact you for fundraising efforts.
5. In these cases we never share your information unless you give us written permission:
    a. Marketing purposes.
    b. Sale of your information.
    c. Most sharing of psychotherapy notes.
6. In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

The Practice's Uses and Disclosures

How does Laurel Psychiatry typically use or share your health information? Laurel Psychiatry typically uses or shares your health information in the following ways:

1. Treat you.
2. Laurel Psychiatry can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

3. Laurel Psychiatry can use and share your health information to run the practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
4. Bill for your services if you request a superbill for reimbursement. Example: Laurel Psychiatry gives information about you to your health insurance plan so it will pay for your services.

How else can Laurel Psychiatry use or share your health information?

Laurel Psychiatry is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. Laurel Psychiatry has to meet many conditions in the law before the practice can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. Help with public health and safety issues. We can share health information about you for certain situations such as:
    a. Preventing disease
    b. Helping with product recalls
    c. Reporting adverse reactions to medications
    d. Reporting suspected abuse, neglect, or domestic violence
    e. Preventing or reducing a serious threat to anyone's health or safety
    f. Do research
    g. Laurel Psychiatry can use or share your information for health research
    h. Comply with the law
2. Laurel Psychiatry will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that Laurel Psychiatry is complying with federal privacy law.
3. Respond to organ and tissue donation requests.
4. Laurel Psychiatry can share health information about you with organ procurement organizations.

5. Work with a medical examiner or funeral director.
6. Laurel Psychiatry can share health information with a coroner, medical examiner, or funeral director when an individual dies.
7. Address workers' compensation, law enforcement, and other government requests.
8. Laurel Psychiatry can use or share health information about you
    a. For workers' compensation claims
    b. For law enforcement purposes or with a law enforcement official
    c. With health oversight agencies for activities authorized by law
    d. For special government functions such as military, national security, and presidential protective services
9. Respond to lawsuits and legal actions:
    a. Laurel Psychiatry can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

1. Laurel Psychiatry is required by law to maintain the privacy and security of your protected health information.
2. Laurel Psychiatry will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. Laurel Psychiatry must follow the duties and privacy practices described in this notice and give you a copy of it.
4. Laurel Psychiatry will not use or share your information other than as described here unless you tell Dr. Laurel that she can in writing. You may change your mind at any time. Let Laurel Psychiatry know in writing if you change your mind.

Changes to the Terms of This Notice

Laurel Psychiatry can change the terms of this notice, and the changes will apply

to all information the practice has about you. The new notice will be available upon request and sent to patients.

For Further Information

If you have questions, need further assistance, or would like to submit a request pursuant to this Notice, you may contact the Laurel Psychiatry by phone at (504) 229-2368.

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I consent that my PHI may be used for treatment, payment or operations, subject to the uses and limitations set forth in state and federal law. Any additional uses of my PHI shall require my authorization.

Patient Name: _____

Caregiver/Legal Guardian Name (if patient is under 18): _____
Relation to Patient (required if consenting on behalf of patient):

_____

Signature of Patient or Responsible Party _____

_____ By providing my initials, I agree to use electronic records and signatures and I acknowledge that I have read the related consumer disclosure.

Date Signed _____