



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 07/12/2021

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. PLEDGE REGARDING HEALTH INFORMATION:

Your health information and your health care is personal. The Psychiatric Virtual Clinic is committed to protecting health information about you. A record of the care and services you receive is created. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Psychiatric Virtual Clinic. This notice will tell you about the ways in which health information about you is used and disclosed. This Privacy Practice Notice also describe your rights to the health information kept about you, and describe certain obligations your psychiatrist has regarding the use and disclosure of your health information.

Your psychiatrist is required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- The terms of this Notice can change, and such changes will apply to all the information about you. The new Notice will be available upon request.

II. HOW YOUR HEALTH INFORMATION IS USED AND DISCLOSED:

The following categories describe different ways that your health information is used and disclosed. Not every use or disclosure in a category will be listed. However, all of the ways permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Your psychiatrist may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, your psychiatrist would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist

the clinician in diagnosis and treatment of your health condition. Your psychiatrist may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your psychiatrist may be required to disclose health information in response to a court or administrative order. Your psychiatrist may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Your psychiatrist keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For your psychiatrist use in treating you.
- b. For your psychiatrist use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For your psychiatrist use in defending themselves in legal proceedings instituted by you.
- d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate your psychiatrist compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. Your psychiatrist and the Psychiatric Virtual Clinic will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. Your psychiatrist and the Psychiatric Virtual Clinic will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, your psychiatrist can use and disclose your PHI without your Authorization for the following reasons. Your psychiatrist have to meet certain legal conditions before they can share your information for these purposes:

1. Appointment reminders and health related benefits or services. Your psychiatrist may use and disclose your PHI to contact you to remind you that you have an appointment. Your psychiatrist may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although the preference is to obtain an Authorization from you before doing so if your psychiatrist is

so allowed by the court or administrative officials.

6. For law enforcement purposes, including reporting crimes occurring on the premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, however this use of clinical information requires you to sign an Informed Consent to Participate in a Research Project.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although the preference is to obtain an Authorization from you, your psychiatrist may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell your psychiatrist that they may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask your psychiatrist not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your psychiatrist is not required to agree to your request, and your psychiatrist may say "no" if they believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How your psychiatrist Sends PHI to You.** You have the right to ask your psychiatrist to contact you in a specific way (for example, home or office phone) or to send mail or text to a different address or phone number, and your psychiatrist will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that your psychiatrist has about you. Your psychiatrist will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request.
5. **The Right to Get a List of the Disclosures Your Psychiatrist Have Made.** You have the right to request a list of instances in which your psychiatrist have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Your psychiatrist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list your psychiatrist will give you will include disclosures made in the last six years unless you request a shorter time. Your psychiatrist will provide the list to you at no charge, but if you make more than one request in the same year, your psychiatrist will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your psychiatrist corrects the existing information or add the missing information. Your psychiatrist may say "no" to your request, but your psychiatrist will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

8. The Right to Choose Someone to Act For You. If you have given someone your healthcare agent or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications from our Organization.
11. The Right to File a Complaint. You can file a complaint by email if you feel your rights have been violated at complaint@psychiatricvirtualeclinic.com or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. There will be no retaliation against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

The terms of this Notice can change, and such changes will apply to all the information about you. To the extent this Notice is amended, you will be informed of the amendment and provided with a copy of the amended Notice.