



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.

WHO WILL FOLLOW THIS NOTICE: This notice describes information followed members or any staff hired by Integrated Mental Health (IMH). The “designated privacy officers” are Andrew Morson, MD and Mehdi Qalbani, MD.

YOUR HEALTH INFORMATION: This notice applies to the information and records I have about your health, health status, and the healthcare and services you receive at this office.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: We must have your **written signed consent** to use and disclose health information for the following purposes:

1. **For Treatment:** We use health information about you to provide medical treatment or services. We may share information about you and disclose information to people who do not work in my office in order to coordinate your care, such as phoning/faxing prescriptions to you pharmacy and scheduling/ordering lab work. Family members and other healthcare providers outside this office may be part of you medical care and may require information about you that we have.
2. **For Payment:** I may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment collected from you, an insurance company, or a third party. For example, I may need to give your health plan information about services you receive here so that they will pay me or reimburse you for services provided. I may also tell you health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Healthcare Operations:** We may use and disclose health information about you to run the office and make sure you receive quality care, for example, to help with scheduling or billing.
4. **Appointment Reminders:** We may contact you as a reminder that you have an appointment at the office.
5. **Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Please notify your physician if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives.

You may revoke your consent at any time by giving your physician written notice. Your revocation will be effective when it is received, but it will not apply to any uses and disclosures that occurred before that time. If you revoke your consent, your physician will not be permitted to use or disclose information for purposes of

treatment, payment, or healthcare operation, and may there fore choose to discontinue providing healthcare treatment.

TELEMEDICINE SERVICES: Telemedicine services may be provided by your physician to established patients:

1. Your physician must verify your identity online by having previously met you in a face to face evaluation.
2. All auditory or auditory-visual services involved with telemedicine are protected by online encryption to prevent access to your data by unauthorized persons.

SPECIAL SITUATIONS: I may use or disclose health information about you WITHOUT your permission for the following purposes, subject to all applicable legal requirement and limitations:

1. **Prevention of a Serious Threat to Health or Safety:** Your physician may use and disclose health information about you when necessary **to prevent a serious threat to your health and safety or the health and safety of another person or the general public.**
2. **Required by Law.** Your physician will disclose health information about you when required to do so by federal, state, or local law.
3. **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, your physician may be required by military command or other government authorities to release health information about you. Your physician may also release information about foreign military personnel to the appropriate foreign military authority.
4. **Worker's Compensation:** Your physician may release health information about you for workers' compensation or similar programs, but would request your consent first.
5. **Public Health Risks:** Your physician may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, **suspected abuse or neglect**, non-accidental physical injuries, reactions to medications, or problems with products. In Louisiana, your physician must report any unreported and suspected child abuse which is occurring or has occurred at any time in the state of Louisiana.
6. **Health Oversight Activities:** your physician may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
7. **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, your physician may disclose healthcare information about you in response to a court or administrative order. Subject to all applicable legal requirements, your physician may also disclose health information about you in response to a subpoena.
8. **Law Enforcement:** your physician may also release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.
9. **Coroners, Medical Examiners and Funeral Directors:** your physician may release health information to a coroner or medical examiner.
10. **Information Note Personally Identifiable:** your physician may use or disclose health information in a way that does not personally identify you or reveal who you are.
11. **Family and Friends:** your physician may disclose health information about you to your family member or friends if he/she obtains your written or verbal agreement to do so. Your physician may also disclose health information to your family or friends if he/she can infer from the circumstances, based on professional judgment, that you would not object; for example if you bring them into the office with you dur-

ing treatment or when treatment is discussed. Please notify your physician of any specific issues that you do not want discussed in front of another person in such a situation. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), Your physician may, using professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, he/she will disclose only health information relevant to that person's involvement in your care. Your physician may also use professional judgment to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions or medical records.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

IMH will not use or disclose your health information for any purpose other than identified in the previous sections without your specific, written authorization. Your physician must obtain this authorization separate from any consent previously obtained. You may revoke that authorization, in writing, at any time. If you revoke your authorization, your physician will no longer use or disclose information about you for reasons covered by that written authorization, but cannot reverse any uses or disclosures already made with your permission.

If your physician has medical information regarding HIV or substance abuse, he/she cannot release that information without a special signed, written Authorization (different from the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment, or healthcare operations, your physician will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information I maintain about you:

1. Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billings records, that are used to make decisions about your care. You must submit a written request to inspect and/or copy your health information. If you request a copy, a fee for the costs of copying, mailing, or other associated supplies will apply. The request to inspect or copy may be denied in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed by a licensed psychiatrist. If such a review is required by law, your physician will comply with the outcome of the review.
2. Right to Amend. If you believe health information about you is incorrect or incomplete, you may request to amend the information. You have the right to request an amendment as long as your information is recorded. To request an amendment, submit a Medical Record Amendment/Correction Form to me. Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if the request to amend refers to information not created by IMH physicians (unless the person/entity who created the information is no longer available to make the amendment).
3. Right to an Accounting of Disclosures. You may request a list of the disclosures made of medical information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, please submit your request in writing. It must state a time period which may not be longer than six years and may not start before July 1, 2010. Your request should state that you want the list in writing. I would notify you of the charge for the costs of providing the list so you may choose to withdraw or modify your request before any costs are incurred.
4. Right to Request Restrictions. You may request a restriction or limit on the health information used or disclosed about you for treatment, payment, or healthcare operations. You also may request a specific

limit on the health information disclosed about you to someone who is involved in your care or the payment for it. Your physician is not required to agree to your request, for example, if he/she thinks it will cause danger or harm to that person. Your physician will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, please speak with your physician. If necessary, you may be required to submit the request for restriction on use/disclosure of medical information.

5. Right to Request Confidential Communications. You may request that your physician communicates with you about medical matters in a certain way or at a certain location; for example, only at a certain phone number. To request confidential communications, please speak with your physician. If necessary, you may be asked to submit the request for restriction on use/disclosure of medical information and/or confidential communication form. All reasonable requests will be accommodated, but your request must specify how or where you wish to be contacted.
6. Right to a Paper Copy of this Notice. You may ask for a copy of this notice at any time. To obtain one, please contact your physician.

CHANGES TO THIS NOTICE: IMH reserves the right to change this notice, and to make the revised or changed notice effective for medical information already on file as well as any future information. A summary of the current notice will be posted online with its effective date. You may request a copy of the current notice.

COMPLAINTS: if you believe your privacy rights have been violated, you may file a complaint with IMH, with your insurance plan, or with the Secretary of the Department of Health and Human Services. To file a complaint with IMH, please contact your physician. You will not be penalized for filing a complaint.

I have read, understand and agree to the above privacy practices.

Signature

Date

Witness (if needed)

Date