



HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

By law we are required to ensure that your PHI is kept private. The PHI constitutes information created or noted by our practitioners that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you or the payment for such health care. We are required to provide you with this notice about our privacy practices. This notice explains when, why, and how we may use and disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give or otherwise reveal it to a third party outside of our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are legally required to follow the privacy practices described in this notice. Please note that we reserve the right to change the terms of this notice at any time. Any changes will apply to PHI already on file. When we make any important changes to this notice, we will post a revised copy of it in our office and on our website. You may request a copy of this notice from us, or you can view a copy of it in our office.

III. How will we use and disclose your PHI

We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. We may use and disclose your PHI without your consent for the following reasons:

1. For treatment. We will use and disclose your PHI for treatment. We may disclose your PHI to physicians, psychiatrists, psychologists, and other health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to them in order to coordinate your care.

2. For health care operations. We may disclose your PHI to facilitate the efficient and correct operation of our medical practice. Examples: Quality control—we might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to our attorneys, accountants, consultants, and others for compliance purposes.

3. To payment purposes. We will use and disclose your PHI to bill and collect payment for the treatment and services provided to you. Example: We will send your PHI to your insurance company or health plan in order to receive payment for the health care services that I have provided to you.

4. Business Associates. We will disclose your PHI to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your PHI to an outside billing company that processes health care claims for our practice.

5. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. We may use and/or disclose your PHI without your consent or authorization of the following reasons:

1. When disclosure is required for federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. For example, we may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

2. If disclosure is compelled by the patient or the patient's representative pursuant to Nebraska Health and Safety Codes or to Corresponding federal statutes or regulations, such as the Privacy Rule that requires this notice.



3. Threats to Health or Safety. Under certain circumstances we may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat.

4. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or others, and if we determine that disclosure is necessary to prevent the threatened danger.

5. If disclosure is mandated by the Nebraska Child Abuse and Neglect Reporting Law. For example, if we have reasonable suspicion of child abuse or neglect.

6. If disclosure is mandated by the Nebraska Elder/Dependent Adult Abuse Reporting law. For example, if we have reasonable suspicion of elder/dependent adult abuse or neglect.

7. For public health activities. We may disclose PHI about you for public health activities. For example, we may disclose PHI to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition..

8. For health oversight activities. We may disclose PHI to a health oversight agency for activities authorized by law. For example, we may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

9. For Law Enforcement functions. We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- If you are the victim of a crime if we obtain your agreement or, under certain limited circumstances, if we are unable to obtain your agreement;
- To alert authorities of a death we believe may have been the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

10. For specific government functions. We may disclose PHI for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose PHI to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose to the institution, its agents or the law enforcement official your PHI necessary for your health and the health and safety of other individuals.

11. For research purposes. In certain circumstances, we may disclose PHI in order to conduct medical research.

12. For workers' compensation purposes. We may disclose PHI as authorized by law for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

13. Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

14. Deceased Individuals. We are required to apply safeguards to protect your PHI for 50 years following your death. Following your death we may disclose PHI to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your PHI to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

15. Organ, Eye or Tissue Donation. We may disclose PHI to organ, eye, or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.



16. Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your PHI that occur while we are providing services to you or conducting our business. For example, we may need to use your name to identify you in the waiting area. Other individuals in the waiting area may hear your name being called. We will make reasonable efforts to limit these incidental uses and disclosures.

17. Appointment reminders. We may contact you as a reminder that you have an appointment for treatment or medical services.

18. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, and others. We may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment of your health care unless you object in whole or in part.

D. Other uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we haven't taken any action subsequent to the original authorization) of your PHI.

1. Psychotherapy Notes. These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

2. Marketing. We will not use or disclose your PHI for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you in the authorization form.

3. Sale of Medical Information. We will not sell your PHI to third parties without your authorization. Any such authorization will state if we will receive remuneration in the transaction.

IV. What Rights You Have Regarding Your PHI. These are your rights with respect to your PHI:

A. The Right to Request and Get Copies of your PHI. In general, you have the right to see your PHI that is in our possession, or to get copies of it; however, you must request it in writing. If we do not have your PHI but know who does, we will advise you how you can get it. Under certain circumstances, we may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. We will also explain your right to have the denial reviewed. If we maintain the medical information electronically in one or more designated records sets and you ask for an electronic copy, we will provide the information to you in the form and format your request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. If you ask for paper copies of your PHI, we may charge you not more than \$0.25 per page. We may see fit to provide you with a summary of explanation of the PHI, but only if you agree to it, as well as the cost, in advance. If you direct us to transmit your PHI to another person, we will do so, provide your signed, written direction clearly designates the recipient and the location for delivery.

B. The Right to Request Restrictions on Uses and Disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not required to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make. We are required to agree to your request that we not disclose PHI to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization form from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

C. The Right to Get a List of the Disclosures We Have Made. You are entitled to a list of certain disclosures of your PHI that we have made for the six years prior to your request. The list will not include uses or disclosures for treatment, payment, or health care operations, and certain types of other disclosures, for example disclosures in accordance with your authorization.



D. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we amend the existing information or add the missing information. We are not required to make all requested amendments. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

E. Confidential Communications. You may request that we communicate with you about your PHI in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

F. Notification in the Case of a Breach. We are required by law to notify you of a breach of your unsecured PHI. We will provide such notification to you without unreasonable delay but in no case more than 60 days after we discover the breach.

G. The right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

H. How to Exercise These Rights. All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact **Paula Whittle at 402-614--0010** for more information or to obtain a request.

V. Complaints.

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C.20201. If you file a complaint we will take no retaliatory action against you.

VI. Person to Contact for Information About This Notice or To Complain About My Privacy Practices.

If you have any questions about this notice or any complaints about my privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Paula Whittle APRN, at Great Plains Mental Health Assoc. LLC, at 4610 South 133rd Street, Suite 109 Omaha, NE 68137.

VII.About this Notice. We are required to follow the terms of this notice currently in effect. We reserve the right to change our practices and the terms of this notice and to make new practices and notice provisions effective for all PHI that we maintain. Before we make such changes effective, we will make available the revised notice by posting it in our office, where copies will also be available. The revised notice will also be posted on our website. You are entitled to receive this notice in written form. Please contact Paula Whittle (information listed above) to obtain a written copy.

VIII.Effective Date of This Notice

This notice is effective December 25, 2019.

I Acknowledge receipt of this Notice:

Patient Name: _____ **Date:** _____

Signature: _____