

## Introduction

Thank you for choosing Psych Care Associates, PC for your health care needs. We are privileged to have your confidence and are committed to safeguarding the personal information you have given us. This notice will explain our policy of collecting, handling, using and securing individually identifiable patient information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## How We Gather Information

We (PCA) collect information about you (the patient) from the following sources:

- Registration forms, insurance forms, ID cards and other information you provide us
- Your patient visits with us and related medical testing and procedures
- Information we receive about you from other doctors' offices, hospitals, nursing homes or other treatment facilities
- Billing and claims information we receive from your insurance company

## What We Do With Your Information

### We will use your information for treatment.

**For example:** Information obtained by a nurse, doctor or other member of your health care team will be recorded in your medical record and used as a basis for planning your care and treatment. In that way, your medical record serves as a means of communication and coordination among the many health care professionals within and outside of PCA who contribute to your care.

### We will use your information for payment.

**For example:** A bill for health care services we provide to you may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### We will use your information for regular health care operations.

**For example:** We may use and disclose your health information in connection with our regular health care operations. Health care operations include quality assessment and improvement activities, review of the competence or qualifications of our health care professionals, evaluation of our clinical performance, and other business operations.

## Authorizations

You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone. You may revoke an authorization at any time by notifying

us in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot disclose or use your health information for any reason except those permitted by this Notice or otherwise by law.

## Information We Disclose to Third Parties

### • Business Associates

There are some services provided in our organization through contracts with business associates. Examples include contracted physician services in certain specialty departments and outside laboratory tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require business associates to appropriately safeguard your information.

### • Family Members

Under certain circumstances, including emergency treatment, we may disclose your location and general condition to a family member, other relative, close personal friend or any other person you identify. We may also disclose health information relevant to such an individual's involvement in your care or payment related to your care.

### • Patient and Third Party Protection

Only as permitted by law may we disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

### • Uses or Disclosures Required by Law

We may use or disclose your health information as required by law, including for public health reasons (e.g. disease reporting). In some instances, and in accordance with applicable law, we may be required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

### • Food and Drug Administration

**(FDA)** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

### • Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

### • Law Enforcement/National Security

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Under certain circumstances, we may disclose health information relating to members of the Armed Forces, to military authorities, and to authorized federal officials if such information is required for lawful intelligence, counter intelligence and other national security activities. Under certain circumstances, we may also disclose health information relating to inmates or patients to correctional institutions or to law enforcement personnel having lawful custody of those individuals.

### • Clinical Research

As permitted by law, we may disclose health information for purposes of clinical research, specifically by allowing researchers to look at medical records in order to identify potential participants in a research study as long as the medical information they review does not leave our premises.

## Appointment Reminders/ Treatment Information

We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, automated calls, postcards or letters. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## Marketing

We will not use your individually identifiable health information for marketing communications without your written authorization.

# Psych Care Associates, PC

## How We Protect Your Information

We maintain security over your personal information through a combination of physical, electronic and procedural means as well as contractual arrangements. Through procedures and security levels, we limit access to patient information to only those employees and other entities who must use it in order to properly serve your health care needs.

## Patient Rights/Access to Records

Upon submission of a written request to us, you have the right to review or receive copies of your health information, with limited exceptions. You may obtain a form to request access by contacting The Health Information Department at any of our medical offices or on our website. If you request copies, we will charge you a reasonable cost-based fee. If you request that the copies be mailed, we may charge you for postage. If you request records in a non-photocopy alternative format, which we can accommodate, we will charge a reasonable cost-based fee for providing your health information in that format.

## Accounting of Certain Disclosures

Upon written request, after April 4, 2003, you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, health care operations, and other activities authorized by you for the last 6 years. If you request this accounting more than once in a 1 -month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

## Restrictions & Alternative Communications

You have the right to request that we place additional restrictions on our use or disclosure of your health information for treatment, payment and health care operations purposes. Depending on the circumstances of your request, we may or may not agree to those restrictions. If we do agree to your requested restrictions, we must abide by those restrictions except in emergency treatment situations. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (e.g., at your place of business rather than at your home). Such requests must be made in writing, must specify the alternative means or location, and must

provide satisfactory explanation on how payments will be handled under the alternative means or location you request.

## Amendments to Records

We make every effort to maintain complete, accurate and up-to date information about you and your health status. If you believe any information about you is incomplete or incorrect, you have the right to request that we amend your health information. Such requests must be made in writing and must explain why the information should be amended. We may be unable to comply with your request in certain circumstances. If you wish to make an amendment, please contact Psych Care Associates, PC, Health Information Management Department, 185 West Avenue, Suite 301, Ludlow, MA 01056.

## Effective Date and Changes to Notice

We are required to provide you with this Notice and to follow the privacy practices described in this Notice while it is in effect. This Notice is effective as of April 4, 2003. It will remain in effect until we replace it. We reserve the right to change this Notice and the privacy practices described in it at any time in accordance with applicable law. Should our privacy practices change, we will revise this Notice and post it in our offices. Any changes we make to our privacy practices and/or this Notice may be applicable to health information created or received by us prior to the date of the changes.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your health information, you may complain to us using the contact information below.

Please direct any questions or complaints to:  
HIPAA Privacy Officer  
PSYCH CARE ASSOCIATES, PC  
185 West Avenue, Suite 301  
Ludlow, MA 01056

## Notice of Privacy Practices

**PSYCH CARE ASSOCIATES, PC**  
185 West Avenue, Suite 301  
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