

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

You have the right to:

- Get a copy of your paper medical record
- Correct your paper medical record
- Request confidential communication
- Ask to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way information is used and shared:

- Tell family and friends about your condition
- Provide mental health care

Our Uses and Disclosures

Your information may be used and shared to:

- Treat you
- Bill for your services
- Comply with the law
- Respond to lawsuits and legal actions

Your Rights

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

Get an electronic or paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other health information about you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I request we review them together so we can discuss the contents.
- A copy or a summary of your health information can be provided, usually within 30 days of your request. There will be a fee charged for time and supplies.

Ask to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete.
- I may say “no” to your request, but reasons will be explained in writing within 60 days.

Request confidential communications

- You can ask to be contacted in a specific way (for example, home or office phone) or to send mail to a different address.
- All reasonable requests will be honored.

Ask me to limit what is used or shared

- You can ask to not use or share certain health information for treatment or payment. This request is not required to be honored as it could affect your care.
- I will never share any substance abuse treatment records without your written permission.
- If you pay for a out-of-pocket, you can request to not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires to share that information.

Get a list of those who have be given shared information

- You can ask for a list (accounting) of the times your health information has been shared for six years prior to the date you ask, who with, and why.
- All the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you aske). Receipts of treatment can be provided as well a superbill upon request.

Get a copy of this privacy notice

A paper copy of this notice at any time can be provided, even if you have agreed to receive the notice electronically.

Choose someone to act for you

- 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.

File a complaint if you feel your rights are violated

- You can complain if you feel your rights have been violated by contacting me using the information on page 1.
- You can file a complaint with 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/.
- There will be no retaliation against you for filing a complaint.

Your Choices

For certain health information, you can tell me of your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I 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.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities.

Example: I give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

Comply with the law

I 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 I am complying with federal privacy law.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me we can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site. Your signature states you have read and agree to all terms and conditions as stated in this document.

Signature re: Notice of Privacy Rights

Date

Effective June 17, 2016

Patricia Ford, DrPH, MPH, RD
12 Nevada Street, Suite B, Redlands, CA 92373
www.drpatriciafordwellness.com
240-277-6826
drpatriciaford@gmail.com

Imagine Wellness
PATTY ANN FORD