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## **NOTICE OF PRIVACY PRACTICES (HIPAA)**

This policy explains how information about patients may be used and disclosed according to the privacy regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also informs patients of their rights as a patient/guardian. My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). Federal rules and regulations are in place to help maintain the privacy of the medical/psychiatric record. The law requires the office to give patients this written notice, follow the terms of this notice, keep medical/psychiatric information private, and only disclose patient information as is authorized or allowed by federal laws, rules, or regulations.

Every patient must sign the privacy policy statement attesting to receipt of the notice. The office must keep a record of releases of information and provide it to the patient upon request; in addition, the office must keep copies of all authorizations for at least six years. If patients consent, the office is permitted by federal privacy laws to make uses and disclosures of health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to patients. Such information may include documenting symptoms, examination results, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **EXAMPLES OF USES OF HEALTH INFORMATION FOR TREATMENT PURPOSES ARE:**

- Staff obtains treatment information about patient and records it in a health record.
- During the course of treatment, the provider may determine that a patient needs an EKG, medical procedure, laboratory test, or emergency evaluation. The provider will share information with the doctor, or assistant, in order to get tests completed or to permit emergency care in the case of an emergency assessment.

### **EXAMPLES OF USES OF HEALTH INFORMATION FOR PAYMENT PURPOSES:**

- My practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from me. My practice may use your PHI to bill you directly for services and items.

### **EXAMPLES OF USES OF HEALTH INFORMATION FOR HEALTH CARE**

## OPERATIONS:

- My practice may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, billing services, mailing services, and insurance.
- My practice will share information about patients with such business associates as necessary to obtain these services. Those business associates must maintain patient confidentiality by law as well.

## INDIVIDUAL, PATIENT/GUARDIAN, HEALTH INFORMATION RIGHTS:

- Patients have the right to have medical and psychiatric information kept private.
- Patients have the right to limit the release of information to only that information authorized and to only those individuals authorized to receive the information. Authorizations are required for most all disclosures of psychiatric information including but not limited to general requests for information, transfers of care to another provider, psychotherapy notes, life and disability insurance policy applications, and workman's compensation claims. Patients may sign a written request in our office or obtain a release of information and mail it to the provider's name and the address here: 108 4th Ave. S., Suite 20, Franklin, TN 37064.
- Patients have a right to request that communication of health information be made by alternative means or at an alternative location. A written request may be delivered to the office (as above).
- Patients have the right to revoke any authorization at any time. Patients must understand that the provider may have already used or disclosed information at the time the authorization is revoked. Canceling an authorization would not affect the information already used or disclosed.
- Patients have the right to a history of all disclosures of private medical/psychiatric information. Patients may deliver a written request to the office.
- Patients have the right to review, read, and have a copy of their medical/psychiatric record upon request. (The practice may charge a fee for the records and allow up to 30 days to copy those records stored on site. Up to 60 days is allowed for those records that are in long-term storage.) Access to part of the medical record may be denied if considered private protected records. If there are any questions about this possibility, please ask the provider.
- Patients have the right to complain to us, their health plan, or to the Department of Health and Human Services, concerning any violation of privacy policies.
- Patients have the right to exercise any of the above rights by contacting the privacy officer in person or in writing during normal business hours. She will provide assistance on the steps for exercising rights.
- Patients have the right to review the Notice of Privacy Practices before signing the consent authorizing use and disclosure of protected health information for treatment, payment, and health care operations.
- Patients also have the right to request amendments to their record.

## OUR OFFICE RESPONSIBILITIES AND RIGHTS

- We must maintain the privacy of health information as required by law.
- We must provide a notice as to our duties and privacy practices as to the information we collect & maintain.
- We must abide by the terms of this notice.
- We must notify if we cannot accommodate a requested restriction or request.
- We must accommodate reasonable requests regarding methods to communicate health information.
- We must accommodate request for an accounting or history of disclosures.
- We reserve the right to amend, change, or eliminate provisions in our privacy policy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. Patients are entitled to receive a revised copy of the notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.
- We have the right to apply any new changes for all medical/psychiatric information kept, including information created before the changes.
- We have the right to disclose limited information to protect patient well-being and others if we believe a patient is abusing prescription medications.
- We have the right to disclose limited information to protect patient well-being should a patient require emergent hospitalization for psychiatric or other medical reasons.
- We have the right to disclose limited information if national, state, or local governmental security is threatened in any manner.
- We have the right and are required by law to disclose limited information to protect any other individual should we believe that a patient has threatened (or implied a threat of) bodily harm to another with intent to act upon those threats.
- We have the right and are required by law to disclose limited information to protect any minor (or adult who is unable to care for him or herself) in the case where we believe there is abuse occurring, regardless of how a patient is involved.
- We have the right to disagree with any request to alter the record or information if a patient request would violate our ethical or moral obligations to be truthful, or if the record is reasonably accurate and complete.

## TO REQUEST INFORMATION OR FILE A COMPLAINT

- If a patient has questions, would like additional information, or wants to report a problem regarding the handling of patient health information, the individual may contact Middle Tennessee Psychiatric Cooperative, LLC, at (615) 425-8211. Additionally, if a patient believes privacy rights have been violated, an individual may file a written complaint to the office by delivering the written complaint to the office.
- Anyone may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is Atlanta Federal Center, Suite 3B70, 61 Forsythe Street, SW, Atlanta GA 30303-8909 phone (404) 562-7886, fax(404) 562-7881. We cannot, and will not, require someone to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. We

cannot, and will not, retaliate against anyone for filing a complaint with the Secretary of Health and Human Services.

#### THE FOLLOWING IS A LIST OF OTHER RIGHTS ALLOWED BY FEDERAL LAW:

##### PATIENT CONTACT

- We may contact patients to provide them with appointment reminders, with test or procedure results, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest.

##### NOTIFICATION – PATIENTS HAVE THE OPPORTUNITY TO AGREE OR OBJECT –

- Unless there is objection, we may use or disclose protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for patient care, about patient location and about general condition or state.

##### COMMUNICATION WITH FAMILY

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other persons patients identified health information relevant to that person's involvement in patient care or in payment for such care if there is no objection or in an emergency.

##### DISASTER RELIEF EFFORTS

- We may use and disclose protected health information to assist in disaster relief efforts.

##### OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY FEDERAL LAW FOR THE CONTROLLING DISEASES

- As required by law, we may disclose protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

##### CHILD ABUSE & NEGLECT

- We may disclose protected health info to public authorities as allowed by law to report child abuse or neglect.

##### FOOD AND DRUG ADMINISTRATION (FDA)

- We may disclose to the FDA, protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

## VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

- We can disclose protected health information to government authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the clinician believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

## OVERSIGHT AGENCIES

- Federal law allows us to release protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration.

## JUDICIAL/ADMINISTRATIVE PROCEEDINGS

- We may disclose protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or lawful process.

## LAW ENFORCEMENT

- We may disclose protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting certain types of wounds or other physical injury.

## CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

- We may disclose protected health information to funeral directors or coroners consistent with law to allow them to carry out their duties.

## ORGAN PROCUREMENT ORGANIZATIONS

- Consistent with applicable law, we may disclose protected health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

## RESEARCH

- We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of protected health information has approved their research.

#### THREAT TO HEALTH AND SAFETY

- To avert a serious threat to health or safety, we may disclose protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

#### FOR SPECIALIZED GOVERNMENTAL FUNCTIONS

- We may disclose protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

#### CORRECTIONAL INSTITUTIONS

- If as a patient, an individual is an inmate of a correctional institution, we may disclose to the institution of its agents the protected health information necessary for health and the health and safety of the patient and others in the institution.

#### WORKER'S COMPENSATION

- If as a patient, an individual is seeking compensation through Worker's Compensation, we may disclose protected health information to the extent necessary to comply with laws relating to Worker's Compensation agencies.

#### OTHER USES AND DISCLOSURES

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization which may be revoked except to the extent information or action has already been taken.

#### WEBSITE

- If we maintain a website that provides information about our entity, this Notice will be published on the website.