

# HIPAA & PRIVACY PRACTICES

Our Commitment To Protecting  
Your Personal Health Information

## OUR PLEDGE TO PRIVACY

Your health information is personal  
and private.

We understand that. We are committed to protecting information about you and your health care. All information shared in treatment is confidential except in the circumstances described below. This notice describes how we may use and disclose your protected health information.

### TREATMENT

How we use your health information  
for your treatment.

We may use or disclose your protected health information without your authorization to carry out treatment. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

### HEALTH CARE OPERATIONS

How we use your health information  
for your for health care operations.

We may use or disclose your protected health information without your authorization to carry out office operations and treatment assessments. For example, after your intake appointment, another member of our team may be responsible for data entry and or verifying your insurance benefits. We may also review clinically relevant information about you to evaluate and assess treatment you are receiving.

### COMMUNICATION

How we use your health information  
to contact you.

We may use or disclose your protected health information to contact you to remind you that you have an appointment. We may also use or disclose your information to tell you about treatment alternatives, or other health care services or benefits that we offer. It is your responsibility to tell us what communication methods you do not consent to.

### BILLING AND INSURANCE

How we use your health information  
for billing and insurance coordination.

We may use or disclose your protected health information without your authorization to facilitate billing on your behalf. The billing service we use has training in HIPAA compliance and we have signed a business associate agreement to hold your information in the highest regard of privacy. Please see the practice policies for all contact information for the billing services.

### WRITTEN CONSENT

Other uses and disclosures of medical  
information not covered by this notice  
or the laws that apply to us.

All other disclosures of protected health information will only be made with your written consent. If you provide us written consent to use or disclose medical information, you may revoke that consent, in writing, at any time. You understand that we cannot take back information already disclosed prior to the written revocation of consent.

### LAWSUITS AND DISPUTES

Court ordered reporting and your  
health information.

If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### PUBLIC HEALTH

Required reporting and your health  
information.

Subject to certain limitations in the law, we may use or disclose your protected health information for public health activities. Examples of such activities are, reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

### STATE AND FEDERAL LAWS

Compliance to state and federal laws.

Dr. Sanderson and Associates LLC will comply with all applicable state and federal laws. For example, under state law, there are more limits on the disclosures of medical information and the revocation of consent.

