



NOTICE OF PRIVACY PRACTICES

Effective Date: 11/22/2022

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review it carefully.

How We May Use and Disclose Your Protected Health Information

Modern Psychiatry and Wellness, LLC and its employees are dedicated to maintaining the privacy of your Protected Health Information ("PHI") and Personally Identifiable Information ("PII"), which is information that identifies you and relates to your treatment or services received. Applicable federal and state laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning PHI. We are required to follow the privacy practices described below while this Notice is in effect.

PERMITTED USES AND DISCLOSURES OF PHI.

We may use or disclose your PHI for the reasons below. For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations may be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action based upon your authorization:

For treatment: Your PHI may be used and disclosed by those who are involved in your treatment for the purpose of providing, coordinating, or managing your treatment and related services. This includes consultation with providers, nurses, clinical supervisors, or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

To obtain payment: We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third-party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnos(es), procedure(s) and suppl(ies) used. We may also disclose PHI to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

For health care operations: We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, training health care and non-health care professionals, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to accountants, attorneys, consultants, and others to make sure we comply with the laws that govern us.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. The following are some ways we may share your information:

Appointment reminders: Unless you provide us with alternative instructions, we may call, text, or email you regarding appointments at the contact information you provide our agency.

Emergency Treatment: We may disclose your PHI if you require emergency treatment or are unable to communicate with us.

Personal Representatives: We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator, or executor of your estate, or other individual authorized under applicable law.

Required by Law: We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect, or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you and/or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect, or domestic violence, unless we determine that informing you and/or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a lawsuit or dispute, court order, administrative order, subpoena, or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request (which may include written notice) or to obtain an order to protect the requested PHI.

Audit or evaluation purposes: In certain circumstances, we may disclose your PHI for audit or evaluation purposes.

Serious Threat to Health or Safety: We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.

Public Health: We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury, or disability, or charged with collecting public health data.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.

Specialized Government Activities: If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.

Organ Donation: If you are an organ donor or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.

Relating to decedents: We may disclose PHI relating to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations.

Disaster Relief: Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Family and Friends: We may disclose your PHI to a family member, friend or any other person as directed by you or who you identify as being involved with your care or payment for care, unless you object.

Worker's Compensation: We may disclose your PHI to comply with laws relating to worker's compensation other similar programs.

Not Otherwise Permitted: In any other situation not described above, we may not disclose your PHI without your written authorization.

Research: We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.

Psychotherapy Notes: We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment, or health care operations activities.

Marketing: We must receive your written authorization for any disclosure of PHI for marketing purposes.

DISCLAIMER FOR CLIENTS RECEIVING SUBSTANCE USE DISORDER TREATMENT:

FEDERAL LAWS HAVE RESTRICTIVE REQUIREMENTS FOR HEALTH INFORMATION REGARDING TREATMENT OF SUBSTANCE USE DISORDERS. IN ORDER FOR US TO DISCLOSE YOUR SUBSTANCE USE DISORDER HEALTH INFORMATION FOR A PURPOSE OTHER THAN THOSE PERMITTED BY LAW, WE MUST HAVE YOUR AUTHORIZATION. THE ONLY EXCEPTION TO DISCLOSURE OF SUCH INFORMATION, WITHOUT YOUR AUTHORIZATION, IS IN LIMITED CIRCUMSTANCES AS REGULATED BY FEDERAL LAW. FOR INSTANCE, IN THE CASE OF YOUR MEDICAL EMERGENCY, WE MAY DISCLOSE YOUR PATIENT IDENTIFYING INFORMATION WITHOUT YOUR PRIOR CONSENT. ALCOHOL AND/OR DRUG TREATMENT RECORDS ARE PROTECTED UNDER THE FEDERAL REGULATIONS GOVERNING CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS, 42 C.F.R. PART 2, AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), 45 C.F.R. PTS 160 & 164, AND CANNOT BE DISCLOSED WITHOUT WRITTEN CONSENT FROM PATIENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but, generally, are not legally bound to agree to the restriction except where the disclosure is to a health plan, and you have paid "out of pocket" in full for the item or service. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your request, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive cost information prior to copies being made. If your record is available electronically, you may request a copy in an electronic format to be delivered to you or to someone you choose.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our records, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the record is: (i) correct and complete; (ii) not created by us and/or not part of our records, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your record. If we approve the request for amendment, we will change the record and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of dates, recipients, purposes, and contents of any of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes or to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures occurring during the past six years.

To get notice of any breach: You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been encrypted or otherwise made unreadable to such unauthorized recipients.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

Changes to this Notice: We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI/PII, your rights or our duties, we will revise and distribute this Notice.

Acknowledgment of Receipt of Notice: We will ask you to sign an acknowledgment that you received this Notice.

Questions or Complaints

We strive to protect your privacy rights. If you have any questions, you may contact Modern Psychiatry and Wellness, LLC at 513-795-7557. If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with Modern Psychiatry and Wellness, LLC or by calling the number above and request to speak to the agency's Privacy Rights Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights ("OCR"). Complaints made electronically via the OCR Complaint Portal, using the OCR Complaint Form by mail, fax, or e-mail; or by phone, using the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 515F HHH Bldg.
Washington, D.C. 20201

Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Email: OCRComplaint@hhs.gov
Voice Phone (800) 368-1019 or call 1-877-696-6775
FAX (202) 619-3818
TDD (800) 537-7697

We will take no retaliatory action against you if you make such complaints.