

## **NOTICE OF PRIVACY PRACTICES**

*This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.*

*This notice takes effect June 1, 2006, and remains in effect until it is replaced.*

### **Regarding Mental Health Information**

The privacy of your (i.e. you and/or your child's) mental health information is important to us. We understand that your mental health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and continuity of care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share mental health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of mental health information.

### **Our Legal Duty**

The law requires us to:

- Keep your mental health records private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your mental health records

We have the right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law
- Make the privacy practices and the new terms of our notice effective for all mental health records that we keep, including information previously created or received before the changes

### **Notice of Change to Privacy Practices**

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **Use and Disclosure of your Mental Health Information**

The following section describes different ways that we use and disclose mental health information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose mental health information. We will not use or disclose your mental health information for any purpose not listed below without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

#### ***For Treatment/Evaluation:***

We may use mental health information about you or your child to provide you with psychiatric, psychotherapy or evaluation services. We may disclose mental health information about you to your primary care physician if it is required by your insurance or managed care company. Also, we may disclose mental health information about you to a referring or referred mental health provider if you require additional services. From time to time, it is helpful for us to consult with other professionals regarding your treatment. In such events, our consultants are also legally bound by the privacy practice policies.

#### ***For Payment:***

We may use and disclose your mental health records for payment purposes. We may need to supply your health insurance plan with information about treatment you received at our practice so that your health plan will pay for services that were incurred. We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

#### ***Additional Uses and Disclosures:***

In addition to using and disclosing your mental health information for treatment, payment, and health care operations, we may use and disclose mental health information for the following purposes:

- *Notify or help notify a family member, a personal representative, or another person responsible for your care about your location, general condition, or death.* If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment.
- *Specialized Government Functions.* Subject to certain requirements, we may disclose or use your mental health information for military personnel and veterans, for national security and intelligence activities, for protective services for

- the President and others, for suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for governmental programs providing public benefits.
- *Court Orders and Judicial and Administrative Proceedings.* We may disclose your mental health records in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your mental health records with law enforcement officials concerning the mental health records of a suspect, fugitive, material witness, crime victim, or missing person.
  - *Public Health Activities.* As required by law, we may disclose your mental health records to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
  - *Victims of Abuse, Neglect, or Domestic Violence.* We may disclose your records to appropriate authorities if we have reason to believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may share your mental health records if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.
  - *Worker's Compensation* We may disclose your mental health records when authorized and necessary to comply with laws relating to worker's compensation or other similar programs.
  - *Health Oversight Activities* We may disclose your mental health records to an agency providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure, or disciplinary actions, or other authorized activities.

### Your Individual Rights

- You have a right to look at or get copies of your mental health records. You must make your request in writing. You may request access by sending your request to the contact person(s) listed at the end of this notice. For evaluations, raw data (i.e., test forms/responses) can only be released to a qualified mental health professional. ***If you request copies, there will be a \$1.00 per page fee. There is also an additional postage charge if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.***
- You have a right to receive a list of all the times we or our business associates shared your records for purposes other than treatment, payment and health care operations and other specified exceptions.
- You have a right to request that we place additional restrictions on our use or disclosure of your records. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- You have a right to request that we communicate with you about your mental health information by different means or to different locations. Your request that we communicate your mental health records to you by different means or at different locations must be made in writing to the contact person(s) listed at the end of this notice.
- You have a right to request that we change your mental health record information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others of the change, including people you name, and to include the changes in any future sharing of that information.
- If you have received this notice electronically and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person(s) listed at the end of this notice.

### Questions and Complaints

If you have any questions about this notice, please contact:

**Meridian Psychiatric Partners, L.L.C.**  
**ATTN: Dr. Flavio Arana and Dr. Sara Gotheridge, Co-Directors**  
**625 N. Michigan Ave. Suite 2550**  
**Chicago, IL 60611**

If you think that we may have violated your privacy rights, contact the organization named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. DHHS. We will not retaliate in any way if you choose to file a complaint.

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and clinician certifications

I have received, read and understood your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

Patient/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Meridian Psychiatric Partners, L.L.C.**  
**ATTN: Dr. Flavio Arana and Dr. Sara Gotheridge, Co-Directors**  
**625 N. Michigan Ave., Suite 2550**  
**Chicago, Illinois 60611**