



# COLUMBIA PSYCHIATRY

## Notice of Privacy Practices for Protected Health Information

Confidentiality is protected by law and is the cornerstone of appropriate mental health care. Our office policy is to maintain strict confidentiality. This Notice describes the ways in which our office may use and share your protected health information. It also describes your rights and certain obligations our office has regarding the use and sharing of your health information.

The privacy practices outlined in this Notice are in compliance with the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully. If you have any questions please bring them up at your appointment so they can be discussed.

As your provider, our office is required by law to adhere to certain obligations regarding your health information. We must:

- Maintain the privacy of your protected health information
- Provide a notice of our legal duties and privacy practices concerning your health information.
- Abide by the terms of the Notice currently in effect.

As the patient, you have certain rights regarding the health information our office collects and maintains about you. You have the right to:

- Request that our office contact or communicate with you in an alternative or specific way. We will accommodate reasonable requests to ensure confidential communication.
- Request to view, or to receive a copy of, the health information about you that is maintained in our records. We may charge a reasonable, cost-based fee for this request.
- Request an amendment of the health information our office maintains about you. Your request must be in writing and a reason must be given as to why you believe our records about you are incorrect. Our office may deny this request if the information was not created by us, if the information was not used to make decisions about you, or if the reason given is insufficient.
- Request restrictions or limitations be put on the use and sharing of your protected health information for a given purpose or to a designated person(s). Our office will accommodate reasonable restriction requests, but are not required to honor the request.
- Request a list of the disclosures our office made of your protected health information. This list may not include all disclosures. The disclosures not available as part of this request include, but are not limited to, those made to treat you, to coordinate your care in the office, to receive payment for the services provided to you, or those you



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approved through written permissions. Our office may charge a reasonable, cost-based fee for this request.

- Request a paper copy of this Notice at any time.
- Request an inquiry of breach of confidentiality and/or file a complaint, should your privacy rights have been violated. We cannot, and will not, penalize you for filing a complaint.

Our office will use and share your protected health information to treat you, to coordinate your care in the office, and to receive payment for these services provided to you. We may also disclose health information about you for appointment reminders, treatment alternatives, to your insurance company if you choose to seek reimbursement, and to individuals involved in your care.

In addition, there are some situations in which mental health professionals are required by law to report or take action. Though these situations are rare, if deemed necessary, your health information may be disclosed for the prevention of serious threat or harm to the health or safety of yourself or others; to report potential child, elder, or dependent abuse; for legal testimony if subpoenaed; or as required by federal, state, and local law. Unless we have written permission from you, via the "Consent to Release Protected Health Information" form to do otherwise, your health information will only be used and shared following the terms of this

Notice. All protected health information is kept secure in accordance with HIPPA guidelines and professional standards. Only trained staff may access your protected health information for their specific job duties.

Our office reserves the right to update the terms of this Notice to reflect any changes in our privacy practices. The updated Notice will apply to all information we already have about you and any information we receive in the future.

The Notice currently in effect is available upon request.