

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our practice is dedicated to maintaining the privacy of your medical information. We are required to maintain the confidentiality of your protected health information, or PHI, with the exception of situations required by law which are detailed in this notice. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

This notice of privacy practices provides you with important information regarding how we may use and disclose your PHI to carry out treatment, payment, or health care operations (TPO) and for other purposes as permitted or required by law. It also describes your health information rights, including your rights to access and control your healthcare information.

HOW YOUR MEDICAL INFORMATION MAY BE USED WITHOUT YOUR WRITTEN PERMISSION

Your medical information may be used and released by us for purposes of treatment, payment for services, and healthcare operations. This includes disclosing PHI and limited information about your diagnosis and care to third party payers, our billing service, Billing Specialist Services (BSS), and to other providers involved in your care.

We may use and disclose your PHI in the following ways without your authorization:

TREATMENT: We may use and disclose your PHI for the purpose of coordinating and managing your care with other providers, including primary care doctors, psychiatrists, nutritional services, hospital care providers, and other mental health professionals. Some examples include discussing medication with your physician or psychiatrist, collaborating with a dietician or other healthcare professional about your care, and providing referral information to another recommended mental health professional or treatment agency.

PAYMENT: Your PHI, including limited information about your diagnosis and treatment, will be disclosed to our billing service, Billing Specialist Services, for the purpose of collecting payment for services and treatment that you receive. PHI will also be used and disclosed for the purpose of coordinating benefits, billing, and payment with third party payers including health insurance plans and/or government programs such as Medicaid and Medicare.

HEALTHCARE OPERATIONS: We may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Our practice will use your PHI to contact you with appointment reminders and other information about your care.

PUBLIC HEALTH and SAFETY: We may be required by law to disclose your PHI to local, state, or federal public health agencies for the purpose of reporting and aiding in preventing or controlling a communicable disease or to report reactions to medications or problems with products or devices to the Federal Food and Drug Administration. Suspected abuse, neglect or violence towards minor children or the elderly may be disclosed to appropriate government or social service agencies for the purpose of protection of the identified individual.

HEALTH OVERSIGHT: We may disclose PHI to health oversight agencies for activities authorized by law, including investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and

criminal procedures or actions; or other activities necessary for the government to monitor and provide oversight to the health care system.

LAWSUITS AND JUDICIAL PROCEEDINGS: Our practice may use and disclose your PHI in response to a court or administrative order related to involvement in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only after we have made an effort to inform you of the request and obtain your authorization, or to obtain an order protecting the information the party has requested.

LAW ENFORCEMENT: PHI may be disclosed to law enforcement agencies to fulfill obligations required by law, including in response to a warrant, court order, or similar legal process; to identify or locate a suspect, material witness, fugitive, or missing person, or, in an emergency, to prevent a specific threat of imminent harm.

CORONERS AND MEDICAL EXAMINERS: We may release your PHI as required by law to a coroner or medical examiner to carry out their duties, for example, to identify a deceased person or determine cause of death.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: Our practice may disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety, the health and safety of another individual, or the general public. Under these circumstances, we will make only limited disclosures to appropriate person(s) or organization(s) to help prevent or minimize the threat.

NATIONAL SECURITY AND SPECIALIZED GOVERNMENT FUNCTIONS: We may be required to disclose your PHI under certain circumstances for the purposes of national security, protection of the President, to conduct special investigations, or for other specialized government functions to an authorized federal official or other authorized person.

WORKERS' COMPENSATION: Your PHI may be released without your authorization for worker's compensation and similar programs.

OTHER SITUATIONS REQUIRED BY LAW: In addition to the reasons listed above, your medical information may also be released in other situations as required by law. Other disclosures will only be made with your explicit consent and authorization.

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION

You have the right to:

SEE OR COPY YOUR HEALTH INFORMATION: You have the right to see and obtain a copy of your health information, including patient medical records and billing records. You must submit your request to inspect and/or obtain a copy of your PHI in writing. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy your PHI in certain limited circumstances; however, you may request a review of our denial. You do not have a right to review psychotherapy notes or information gathered for use in legal or administrative actions or proceedings.

REQUEST CORRECTION OF INFORMATION YOU BELIEVE TO BE INCORRECT OR INCOMPLETE: You may ask us to amend your health information if you believe it is incorrect or incomplete. The request to amend your health information must be made in writing. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice.

REQUEST A LIST OF DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION: Upon your written request, we will provide you with a list of disclosures of your medical information. This list will not include use of your PHI related to routine treatment, payment, or healthcare operations; for example, the list will not include an accounting of disclosures to our billing service or third-party payers for the purpose of obtaining payment for services provided to you.

REQUEST RESTRICTIONS ON HOW WE USE OR SHARE YOUR HEALTH INFORMATION: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. You also have the right to request that disclosure of your PHI be restricted or not disclosed to individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, such as in emergencies or when the information is necessary to provide treatment. To request a restriction in our use or disclosure of your PHI, you must submit your request in writing.

REQUEST CONFIDENTIAL OR ALTERNATE MEANS OF COMMUNICATION: You will be asked to indicate on your history form at the start of treatment your communication preferences, for example, whether we may contact you via telephone, text, or email. You have the right to request changes to these communication preferences at any time. We will accommodate all reasonable requests and attempt to discuss with you alternate forms of communication when requests cannot be accommodated.

REQUEST A PAPER COPY OF THIS NOTICE: You are entitled to receive a paper copy of our Notice of Privacy Practices. You may request a copy of this notice at any time. You may also obtain a copy of our current Notice of Privacy Practices on our website, www.stanleypsychservices.com.

PROVIDE AUTHORIZATION FOR OTHER USES AND DISCLOSURES: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time by written request.

QUESTIONS OR COMPLAINTS: You may file a complaint if you believe your privacy rights have been violated by our practice. We may not retaliate against you for filing a complaint.

If you have questions about this Notice or to file a complaint, please contact:

**Dr. Angela C. Stanley
W178 N9912 Rivercrest Drive
Suite 108
Germantown, WI 53022
262-229-5581**

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be applicable to all records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time. You may also obtain a copy of our current Notice of Privacy Practices by visiting our website, www.stanleypsychservices.com.