

Comprehensive Psychiatric Associates

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PRIVATE HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health care professionals who contribute to your care. Understanding what is in your medical record and how your health care information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health care information, and make more informed decisions when authorizing disclosures to others.

We, at Comprehensive Psychiatric Associates pledge to provide you with the highest quality of care and to build a relationship that is based on trust. This trust includes our commitment to respect the privacy and confidentiality of your health care information.

This Notice of our Privacy Practices is being given to you because federal law gives you the right to be told ahead of time about:

- How Comprehensive Psychiatric Associates will handle your health care information;
- What our legal duties are related to your health care information;
- What your rights are with regard to your health care information.
- A method for filing complaints about our privacy practices

1. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH CARE INFORMATION

When you seek health care, you give information about yourself and your health to doctors, nurses, and other health care workers and staff. This information, along with the record of care you receive, is “protected health information” (or “health care information”). This information is kept in a paper form such as your medical record and in an electronic form on computers.

- (A) **Comprehensive Psychiatric Associates uses and discloses (shares) health care information for many different reasons.** For some of these uses and disclosures, we will need to obtain prior written authorization (permission) from you. However, Comprehensive Psychiatric Associates may legally use or disclose your health care information for treatment, payment, and health care operations. We do not need to receive prior authorization for uses and disclosures described within the following categories:

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

For treatment. We may use health care information about you to provide you with health care treatment or services. We may disclose (share) medical information about you to other doctors and health care providers involved in your care. Example: A primary care physician may refer you to a specialist such as a radiologist or a surgeon. The specialist may tell you that you need to be admitted to the hospital for treatment or surgery. All of the doctors in this example will share medical information about you. This is to coordinate care before, during and after you go into the hospital.

For payment. We may use and disclose (share) your health care information in order to bill and collect payment for the treatment and services provided to you. Example: A bill may be sent to you or a third party payer. If you have health insurance, information on or accompanying the bill may include a portion

of your health care information that identifies you, as well as your diagnosis, what type of service was provided, and the name of the professional providing that service. The insurance company uses the information to determine if you are eligible for benefits or if the services you received were medically needed for payment purposes. We may also provide your health care information to our business associates, such as a billing company, claims processing companies, or debt collection agency.

For health care operations. We may disclose (share) your health care information for activities that are known as health care operations. These activities use health care information for the purpose of evaluating our performance and finding better ways to provide care. We may use your health care information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also share your health care information with outside parties (“business associates”) who perform services related to your treatment on behalf of Comprehensive Psychiatric Associates. These business associates must agree to keep your health care information private. Examples of activities that make up health care operations include legal counsel, transcription, storage, auditing, and consulting services.

- (B) Other uses of your health care information.** Comprehensive Psychiatric Associates may use your health care information to contact you
- about scheduled appointments, registration/insurance updates, or test results;
 - with information about patient care issues and treatment choices;
 - with other health-related benefits and services that may be of interest to you.
- (C) We may disclose (share) your health information to others without your consent in certain situations.** Example: If you need emergency treatment, we may disclose health care information without consent. If we believe that there is a substantial risk of physical harm to you or other persons due to your behavior or mental state, we may disclose health information to other health care providers, police, courts, ambulance personnel, or others, in order to lessen that risk, to coordinate your health care, or to seek civil commitment.
- (D) Other Specific Uses and Disclosures that DO NOT REQUIRE YOUR CONSENT.**
- (a) When disclosure of health information is required by federal, state, or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.** Examples of some required reporting include; health information about victims of abuse, neglect, or domestic violence: patients with gunshot and or other wounds. In addition we disclose health care information when ordered in a legal or administrative proceeding.
- (b) For business associates.** There may be some services provided in our practice through contracts with business associates. When these services are contracted, we may disclose your health care information to our business associates so that they can perform the job we have requested them to do and bill you or a third party payer for services rendered.
- (c) To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.
- (d) For specific government functions.** We may disclose health care information of military personnel and veterans in certain situations. And we may disclose health information for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- (e) For worker’s compensation purposes.** We may provide health care information to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs.
- (f) Appointment reminders and health related-benefits or services.** We may use health care information to provide appointment reminders or give you information about, treatment alternatives, or other health care services or benefits we offer.
- (E) The Use and Disclosure Requiring You to Have the Opportunity to Object.**
- Disclosure to family, friends or others.** Unless you object, Comprehensive Psychiatric Associates, using its best judgment, may disclose health care information about you, either to facilitate our provision of care or to receive payment for your care. In an emergency, we may seek your authorization retroactively.

- (F) **All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections 1 (A) through (E), we will ask for your written authorization before using or disclosing any of your health care information.

2. OUR LEGAL DUTIES TO PROTECT YOUR HEALTH INFORMATION

Comprehensive Psychiatric Associates is required by law to:

- Make sure that health care information that identifies you is kept private.
- Provide you with this notice that explains our privacy practices and how, when, and why we use and/or disclose (share) your health information.
- Follow the terms of the Notice currently in effect. However, we reserve the right to change our privacy policies and the terms of this notice at any time. Any changes will apply to the health information we already have. Before any important policy change goes into effect, we will change this Notice and the new Notice will be posted on our web site (www.WellPsych.com) and in a clearly visible location within our practice sites for public viewing.

You may request a copy of this notice at any time from our Privacy Officer and you can view a copy of the notice on our web site at www.WellPsych.com.

3. YOUR HEALTH INFORMATION RIGHTS:

Unless otherwise required by law your health record is the physical property of the health care practitioner or facility that compiled it, and the information belongs to you. You have the right to:

- (A) **Request Limits on Uses and Disclosures of Your Health Care Information:** You have the right to ask for restrictions on the use and disclosure (sharing) of your health care information for treatment, payment or health care operations. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. **You may not limit the uses and disclosures that are legally required or allowed to be made.**
- (B) **The Right to ask that Your Health Care Information Be Communicated to You in a Confidential Manner:** You have the right to ask for your health care information to be sent to you in different ways. For example you may ask for the practice to contact you by mail rather than telephone, or only call at your home rather than at work. Your request must be in writing and explain the method of contact and location where you wish to be contacted. We will try to honor your request so long as we can easily provide it in the format you request.
- (C) **The Right to See and Obtain Copies of Your Health Care Information:** In most cases, you have the right to look at or obtain copies of your Health care information that we have, but you must make the request in writing. We will respond within thirty (30) days from the receipt of your request. If you ask for a copy of your records, you will be charged a fee consistent with Massachusetts law (<http://www.mass.gov/legis/laws/seslaw03/sl030135.htm>). If your request is denied, we will inform you, in writing, our reasons for the denial and explain your right to have the denial reviewed. We may offer to give you a summary or explanation of the information you requested as long as you agree in advance to this and to any fees that this might cost. If you ask for information we do not have, but we know where it is, we must tell you where to direct your request.
- (D) **The Right to Receive an Accounting of Disclosures (a record of when and to whom your health care information was shared without your authorization).** You have the right to obtain a list of the instances that we have shared your health care information. You must make this request in writing. You may request as far back as six years, beginning April 14, 2003. The listing you get will include the date, name, and address (if known) of the person or organization receiving it. It will also include a brief description of the information given, a brief statement on why the information was shared, or a copy of the written request for the information.

The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, health care operations, or directly to you or your family. The list also will not include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We have 60 days to respond to your written request. If we do not act on your request within the 60 days, we will notify you that we are extending the response time by 30 days. If we do that we will explain the delay in writing and give you a new date of when to expect a response. We will provide this list at no charge, but if you make more than one request in the same year, we will charge you \$25 for each additional request.

- (E) **The Right to Correct or Update your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

We have 60 days to respond to your request. We may deny your request, in writing, if the health information is: (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your health care information.

4. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that Comprehensive Psychiatric Associates may have violated your privacy rights, or you disagree with a decision we made about access to your health care information, you may file a complaint with our Privacy Officer. You also may send a written complaint to either;

Office for Civil Rights - Region I Office
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building – Room 1875
Boston, Massachusetts 02203

or to the,

Secretary of the Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
Or e-mail the HHS Secretary at: hhs.mail@hhs.gov.

Comprehensive Psychiatric Associates will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR INFORMATION

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Health and Human Services, please contact our Privacy Officer at:

Privacy Officer
Comprehensive Psychiatric Associates
372 Washington Street
Wellesley, MA 02481

781-239-3550

privacyofficer@wellpsych.com