

HIPAA Privacy Notice

Notice of Privacy Practices

Effective Date: September, 2013

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

What is this Notice? Who will follow this Notice and Why is it Important? As of April of 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Northwest ADHD Treatment Center, LLC will protect your medical information, how this information may be used or disclosed, and describes your rights. If you have any questions about this notice, please contact the Human Resources Coordinator directly at Northwest ADHD Treatment Center, LLC.

Understanding Your Health Information During each appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical or health record, serves as a basis for planning your care and treatment. Typically we may use your health information and share it in order to:

Treat you and communicate with other professionals who are treating you.

For example: Your primary care physician or your psychotherapist might call us to discuss your treatment, and in that situation we would disclose information about your diagnosis, your medications, and so on.

Run our practice, improve your care, and contact you when necessary.

For example: Occasionally, we dictate notes from visits, usually for letters to other clinicians. In that case, your health information will be disclosed to the transcriptionist.

Bill and get payment from health plans or other entities.

For example: In order to get paid for our services, we have our billing office send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment. In other cases, we fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis. We use an electronic health record which may also include information that identifies you including specific health information.

We may be allowed or required to use your information in other ways- usually ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more

information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html. These additional uses and disclosures may include:

- Sharing health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety.
- Using or sharing your information for health research.
- Sharing information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Sharing information about you with organ procurement organizations.
- e Sharing information with a coroner, medical examiner, or funeral director when an individual dies.
- Using or sharing health information about you for worker's compensation claims, for law enforcement purposes or with law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
- s Sharing information about you in response to a court or administrative order in response to a subpoena.

Your Health Information Rights You have the following rights related to your medical record:

- 8 Obtain a copy of this notice.
 - o You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Authorization to use your health information.
- Before I use or disclose your health information, other than as described in this notice, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information.
- 9 You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.

We may charge reasonable, cost-based fee.
- Change your health information.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications.
- You may request that when we communicate with you, we do so in a specific way (e.g.

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at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

- Accounting of disclosures.
- e You may request a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- Ask us to limit what we use or share.
- e You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- ® File a complaint if you feel your rights were violated.

You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the US Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington, DC 20201, calling 877-696-6775, or visiting

www.hhs.gov/ocr/Drivacy/hiDaa/complaints/. We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- © Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law and as described above, we will not use or disclose your health information without your

authorization. You have the right to revoke your authorization at any time. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeDD.html

Will We Disclose Your Health Information to Family and Friends? While the new law

allows such disclosures without your specific consent (as long as it contributes to your treatment), our office policy is that we will generally not share your clinical information with your family without a signed authorization from you. The EXCEPTION to this is if we believe you pose an immediate danger to yourself or someone else—in that case, we will do whatever is necessary, even if that means breaching confidentiality.

For More Information or to Report a Problem. If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact us at Northwest ADHD Treatment Center at any time. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights, Hubert H. Humphrey Building 200 Independence Avenue S.W. Room 509 HHH Building Washington, D.C. 20201

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