



BAY AREA PSYCHOLOGICAL CONSULTANTS

Benshoof & Tallman, P.A.

1417 N. Partin Drive, Suite One
Niceville, Florida 32578

Telephone 850.729.0303
Fax 850.729.0305

www.bayareapsychconsult.com

Notice to Patients Regarding Privacy of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

Understanding Your Health Record & Information

Federal regulations developed under the Health Insurance Portability and Accountability Act (**HIPAA**) require that this Practice provide you with this Notice Regarding Privacy of Protected Health Information (**PHI**). A record of your visit is made each time you visit healthcare providers. 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.
- Means of communication among other health professionals who contribute to your care.
- Legal documentation describing the care you receive.
- Means by which you or a third party payer can verify that services billed were actually provided.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Our Responsibilities

This Practice is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will inform you. We will not use or disclose your health information without your authorization, except as described in this notice.

Use & Disclosure of PHI in Treatment, Payment, & Health Care

Your Protected Health Information (PHI) may be used and disclosed by this Practice in the course of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Disclosures may be in writing, electronically, by facsimile, or orally. Additionally, the Practice may also use your PHI to remind you of an appointment, inform you of potential treatment alternatives, and inform you of health-related benefits or services that may be of interest to you.

Other Uses or Disclosures Permitted Without Authorization

In addition to treatment, payment, and healthcare operations, this Practice may use or disclose your PHI without your permission or authorization in certain circumstances including:

- **When legally required** to comply with any federal, state, or local laws that involve disclosure of your PHI.
- **When there are risks to public health** as permitted or required by law such as for the purpose of preventing or controlling disease, injury, or disability.
- **To report abuse, neglect, or domestic violence** if it is believed that the patient or others in relationship with the patient is the victim.
- **To conduct health oversight activities** such as audits, or civil, administrative, or criminal investigations, proceedings, or actions.
- **For judicial and administrative proceedings** authorized by an order of a court or administrative tribunal.
- **For specialized government functions** if you have served as a member of the armed forces or in the Department of State and disclosure is requested by you or requested by US military command authorities.
- **To deceased patients' family members** as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent.
- **In medical emergencies** in order to prevent serious harm.
- **To close family members or friends** directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- **For public safety** if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communication of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Be notified if a breach of PHI occurs.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at our office at the address listed above. If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.