

# *Robin May-Davis Psychiatry P.A.*

## *HIPAA Notice of Privacy Practices--- Please review*

**This notice describes how medical information about you may be used and disclosed and how you can access this information.** Please review carefully.

I must legally protect your information I gather about you during my care. The data which could be used to identify you is commonly referred to as your PHI- protected health information. I want to assure you that PHI is kept private. I am also required to provide you this notice about my privacy procedures. I will use this format to review how, when, and why I might disclose or use your PHI in the course of your care. Although there are times that your information may be shared, it will be in limited settings never disclosing more than is necessary.

I reserve the right to change these practices and will do so also as the law requires. As the practices change, so will this disclosure. You may always request a copy of this notice from me in paper or via email.

I will generally request your permission to release your PHI in writing. If you are interested in having your PHI released, it is also important to request this in writing. This can be revoked later to stop future disclosures.

### **Use of PHI/Disclosures**

I may disclose PHI for **treatment**, including sharing information with other licensed care professionals who are involved in your care, in order to coordinate services for your health and wellness. This includes after hours coverage.

I may disclose PHI for general **health care operations**, such as working with others to make sure I am in compliance with disclosure laws, medical review, working with office staff for scheduling, etc.

I may use and disclose PHI to bill and collect **payment**, perhaps to an insurance company or to collections agency. We share the minimum amount of PHI necessary for them to assist us.

### **Other disclosures**

I will disclose PHI in an emergency setting to avoid harm- when there is life threatening concern for you, or if you are dangerous to others. Also I will disclose for mandated reporting such as child abuse, dependent adult, or elder abuse. This also might be disclosed in setting of a medical emergency if you were incapacitated.

I may disclose as compelled by a judge or the Texas medical board, via lawful search warrant or to comply with Worker's compensation laws.

I may disclose for government health oversight activities or pursuant to Health and Safety codes, or if an imminent threat to the public was identified. I may also disclose in setting if concerned about criminal conduct toward the practice.

I may disclose PHI if there are other requirements by law. I may disclose your health information if we need to remind you about appointments or to inform you about other health related benefits which might be of interest to you such as care-coordination.

I may share health information with business associates who are performing services on our behalf, such as companies contracted to assist with our computer systems, or do our billing, our business associates are also obligated to safeguard your PHI.

I may disclose information to the FDA, or an entity similar in order for example to reports on an adverse drug event or defect in drug or medical device

I may disclose PHI for research purposes in accordance with my legal obligations. For example, I may disclose information to an Institutional Review Board (IRB) or authorized privacy board re: a research project in order to be sure the information necessary for research is adequately safeguarded.

In the setting of a disaster, information may be disclosed to government or private groups (ie Red Cross) to assist in disaster relief.

In many of these settings I will attempt to discuss disclosure with you in advance whenever possible.

## **Your Rights regarding your PHI**

### **Right to copies/see record**

You have the right to get to see your PHI that is in my possession or get copies of it, but you must request, in writing and a small fee (0.50/page) may be charged. You will receive a response from me within 15 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request but if I do I will give you a written explanation of the denial, which you can review.

### **Right to request limits**

You have the right to request that I limit disclosures of your PHI. I may not be legally bound to abide by all requests, but they will be reviewed. Agreed upon limits will be put in writing and respected. This does not include situations where disclosures are legally compelled. If you are paying out of pocket for care, you have the right to not have any information released to insurance companies.

### **Right to choose method of sending**

You can ask that your PHI is sent to an alternative address, or by other method than mail (such as email). I am obliged to agree as long as the request does not create undue inconvenience. It is important to be reminded that email is not necessarily secure and confidential.

### **Right to get list of disclosures**

You can ask for a list of disclosure of your records. This will not include general things to which you have already consented - coordination of treatment, billing, healthcare operations, or those sent directly to you nor any made for national security purposes. If this is requested more than one time in a 12 month period, a reasonable fee may be incurred.

### **Right to Amend**

If you believe that there is an error or omission in your record, it is your right to request that it is corrected. The request must be made in writing and will be responded to by 60 days. I may deny the request, in writing, if I find that: 1) the record is correct and complete, 2) it was written by someone else (part of an outside record), 3) not part of my record, 4) forbidden to be disclosed. You have the right to file a written objection or to ask that your amendment request and my denial is attached to future releases of PHI. If your request is approved, I will let you know as well as others if needed.

### **Right to be Notified of breaches**

If a breach has been made involving your information, you will be notified directly or if a large breach, via the media as well. The government breach notification department will also get a report.

### **Right to paper copy of this notice**

### **CONTACT INFORMATION**

After reviewing this notice if you have further questions or need more information, or want to contact me about your health information and its handling, please contact at:

**Robin May-Davis, MD 2224 Walsh Tarlton Ln #110 Austin, TX 78746 512-291-6370**

### **Request for more information or right to complain**

If, in your opinion I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to make a complain to: Secretary of the Department of Health and Human Services. <http://www.hhs.gov/ocr/privacy/psa/complaint/> or calling 18003681019.

We reserve the right to amend or update this notice. Revision to the notice will be distributed promptly and in writing.

NOTICE EFFECTIVE: 5/15/15