

# HIPAA - Health Insurance Portability and Accountability Act

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out Case Management payment or health care options and for all other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### Uses and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your Service Coordinator, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the care team's practice, and any other use required by law.

### Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

### Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected information be disclosed to the health plan to obtain approval for the hospital admission.

### Healthcare Operations

We may use or disclose, as needed, your protected health information in order to support the business activities of your Service Coordinator. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We may use or disclose your protected health information, as necessary, to contact you and to remind you of your upcoming appointments.

### Required by Law

We may use or disclose patient health information when we are required to do so by law. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization, at any time, in writing, except to the extent that your Care Coordinator has taken an action in reliance on the use or disclosure indicated in the authorization.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_