

PSYCHOLOGICAL ASSOCIATES OF YANKTON, LLC

2703 Fox Run Pkwy, Suite 200

YANKTON, SD 57078

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT 1996

(HIPPA)

Notice of Privacy Practices Version 1

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

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Medical information includes medical, insurance, and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION.

The following are the types of uses and disclosures we may make of your medical information without your permission. Medical information includes medical, insurance, and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you. Where State or Federal law restricts one of the described uses or disclosures, we follow the requirements of such State or Federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

TREATMENT: We will use and disclose your medical information for treatment. For example, we will share medical information about you with your physicians or other mental health providers, providers and healthcare facilities for their use in treating you in the future. For example, if you are transferred to an inpatient mental health setting.

PAYMENT: We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical providers, medical plans, and health care clearing houses for their payment purposes. For example, if you have to be admitted to a Mental Health hospital for inpatient mental health, the medical information we have collected will be given to the Mental Health hospital for its billing purposes. If State Law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

BUSINESS ASSOCIATES: We will disclose your medical information to our business associates and allow them to create, use, and disclose your medical information to perform their job. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

APPOINTMENT REMINDERS: We may contact you as a reminder that you have an appointment for treatment or medical services.

REQUIRED BY LAW: We will use and disclose your information as required by Federal, State, or local law.

ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may notify the appropriate government authority if we believe a patient has been the victim or abuse, neglect, or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT: We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries
- In response to a court order, subpoena, warrant, summons or similar process
- To identify to locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement
- To alert authorities of a death we believe may be the result of criminal conduct
- Information we believe is evidence of criminal conduct occurring on our premises
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

OTHER USES AND DISCLOSURES: Other uses and disclosures of your medical information not covered above will be made only with your written permission. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

INDIVIDUAL RIGHTS

REQUEST FOR RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are required to agree to your request that we not disclose certain health information to your health insurance carrier **IF** you pay out-of-pocket in full for all expenses related to that service prior to your request. Your restriction will only apply to records that relate solely to the service for which you have paid in full. We are not required to agree to any other request, and will notify you if we are unable to agree.

If we later receive an Authorization form you dated after the date of your requested restriction which authorizes us to disclose all of your medical records to your health insurance carrier, we will assume you have withdrawn your request for restriction.

ACCESS TO MEDICAL INFORMATION: You may request to inspect and copy much of the medical information we maintain about you, with some exceptions.

CONFIDENTIAL COMMUNICATIONS: You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

NOTICE IN THE CASE OF BREACH: You have the right to receive notice of an access, acquisition, use or disclosure of your information that is not permitted by HIPPA, if such access, acquisition, use or disclosure compromises the security or privacy of your PHI. We will provide such notice to you without unreasonable delay but in no case later than 60 days after discovery of the Breach.