



## Atrium Neuropsychology HIPAA Privacy Policy

### 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. PLEASE REVIEW IT CAREFULLY.**

**Effective Date of This Notice: May 5, 2020**

#### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Your health information and health care are personal, and we at Atrium Neuropsychology, PLLC understand this. We are committed to protecting the privacy of your health information in accordance with federal and Washington, DC law. We will create a record of the care and services you receive from us to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all of the health information Atrium Neuropsychology maintains about you. This includes health information that we originally document about you and health information that we receive from third parties, such as other health care providers. This Notice will tell you the ways in which we may use or disclose your health information. This Notice also describes your rights regarding your health information that we maintain about you and describes certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Abide by the terms of this Notice currently in effect;
- Maintain the privacy of your health information;
- Make available this notice of our legal duties and privacy practices with respect to health information; and
- Notify you following a breach of your unsecured protected health information.

If you have any questions about this Notice, please contact Atrium Neuropsychology at [info@atriumneuro.com](mailto:info@atriumneuro.com) in writing.

#### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways that we may use or disclose your health information without your written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information without your written authorization will fall within one of the categories below.

##### **For Treatment.**

We may use health information about you to provide you with health care treatment and services. We may disclose health information about you to consulting doctors or other personnel who are involved in taking care of you. For example, we may refer you to a doctor or psychologist and include some of your PHI in that referral. We may also contact you for treatment purposes, including appointment reminders by phone or text message.

##### **For Payment.**

We may use and disclose health information about you to obtain payment for the services we provide to you, though we do not deal with insurance companies directly and therefore we will not directly disclose PHI to your insurance company. We may provide you with a bill that you can forward to your insurance company, if you wish. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.**

We may use or disclose, as needed, your PHI in order to support our business activities. For example, for teleconferencing we use Doxy.me; we have a written contract (Business Associate Agreement) with Doxy that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Persons Involved in Your Care or Payment for Your Care.**

If you verbally agree to the use or disclosure and in certain other situations, we will make the following uses and disclosures of your health information. We may disclose to your family, friends, and anyone else whom you identify who is involved in your health care or who helps pay for your care, health information relevant to that person's involvement in your care or paying for your care. We may use or disclose your information to notify or assist in notifying a family member or any other person responsible for your care regarding your physical location, general condition, or death.

**Disaster Relief Efforts.**

We may disclose your health information to organizations for the purpose of disaster relief efforts in accordance with the law.

**As Required By Law.**

We will use and disclose your health information when required to do so by law.

**Public Health Reporting.**

We may disclose your health information for public health activities, including:

- To prevent or control disease, injury or disability, to report births and deaths, and for public health surveillance, investigations, or interventions;
- To report child abuse or neglect;
- For activities related to the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and 3
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

**Victims of Abuse, Neglect, or Domestic Violence.**

We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.**

We may disclose your health 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 health care system, government programs, and compliance with civil rights laws. We may not disclose the health information of a person who is the subject of an investigation that is not related directly to their receipt of health care or public benefits.

**Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

**Law Enforcement.**

HIPAA allows us to disclose your health information, within limitations, to a law enforcement official in the following circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if the victim agrees or we are unable to obtain the victim's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Atrium Neuropsychology; and
- To report a crime not occurring on our premises, the nature of a crime, the location of a crime, and the identity, description and location of the individual who committed the crime, in an emergency situation.

However, Washington, DC law may require a court order or your written authorization for the release of confidential health information in these circumstances. Accordingly, under some limited circumstances we will request your authorization prior to permitting disclosure.

**To Avert a Serious Threat to Health or Safety.**

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be made only to someone able to help prevent the threat.

**Coroners, Health Examiners and Funeral Directors.**

We may disclose your health information to a coroner or medical examiner so they can carry out their duties under the law. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors as necessary to carry out their duties.

**Organ/Tissue Donation.**

We may disclose your health information in connection with organ and tissue donation.

**Military, National Security, or Incarceration/Law Enforcement Custody.**

If you are or were involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your PHI to the proper authorities so they may carry out their duties under the law.

**Workers' Compensation.**

We may disclose your health information as necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.

**Please be aware that Washington, DC and other federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV/AIDS status without obtaining your written authorization, except as permitted by Washington, DC law. We may also be required by law to obtain your written authorization to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.**

**OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

We will not use or disclose your health information for any purpose other than those listed above without your written authorization. Some examples include:

- **Marketing.** We may use and disclose your health information for marketing purposes only with your written authorization.
- **Sale of Your Health Information.** We may sell your health information only with your written authorization.

If you provide us with your authorization to use or disclose your health information, you may revoke that authorization in writing at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you revoked your authorization, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at [info@atriumneuro.com](mailto:info@atriumneuro.com).

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information we maintain about you. All requests or communications to Atrium Neuropsychology to exercise your rights discussed below must be submitted in writing to [info@atriumneuro.com](mailto:info@atriumneuro.com).

**Right to Inspect and Copy.**

You have certain rights to inspect and receive a copy of health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include coaching notes and certain other information. To inspect and copy your health information, your request must be made in writing on a form provided by us and submitted to

info@atriumneuro.com. If you request a copy of your health information, we may charge a cost-based fee for the labor, supplies, and postage required to meet your request. You may request access to your health information in a certain form and format, if readily producible, or, if not readily producible, in a mutually agreeable form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may in certain instances request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

#### **Right to Amend.**

If you feel that health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing on a form provided by us and submitted to info@atriumneuro.com.

We may deny your request for an amendment if the request is not made on the form provided by us and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Atrium Neuropsychology;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

#### **Right to an Accounting of Disclosures.**

You have the right to request an accounting (a list) of disclosures of your health information we have made. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must be made in writing on a form provided by us and submitted to the Privacy Official. Your request must state a time period that may not go back further than six years. The first list of disclosures you request within a 12-month period will be provided free of charge. For additional lists in a 12-month period, we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will generally mail you a list of disclosures in paper form within 60 days of your request. If we are unable to provide the accounting you requested within that 60 days, we will instead provide you a written statement of the reason for the delay and the date by which you will receive the accounting, which under no circumstances will exceed 90 days from the date of your request.

#### **Right to Request Restriction.**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally. **While we will try to accommodate your request for restrictions, we are not required to do so**, unless that restriction is regarding disclosure of your health information to your health insurance company and (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Your request must be made in writing on a form provided by us and submitted to info@atriumneuro.com. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

#### **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care and whether you have any other requests on how we notify you about your health information. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications after the intake process, you must make your request in writing to info@atriumneuro.com.

**Right to a Paper Copy of This Notice.**

You have the right to obtain a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. You may obtain a copy of this Notice by request at [info@atriumneuro.com](mailto:info@atriumneuro.com).

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we have about you already, as well as any information we receive in the future. Each version of the Notice will have an effective date listed on the first page.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact [info@atriumneuro.com](mailto:info@atriumneuro.com). All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_