

INTEGRATIVE PSYCHOLOGICAL MEDICINE, PLLC

Notice of Privacy Practices

Integrative Psychological Medicine (IPM) is committed to keeping their patients' protective health information safe. During your treatment at Integrative Psychological Medicine, our staff and providers may gather personal information about your medical and psychiatric history. This notice explains how your information and medical record may be used and shared with others related to your psychiatric and medical health. It also explains your rights regarding the privacy of your information. We would ensure that your medical information is kept private and would notify you immediately in the event there is a breach of any unsecured protected health information about you.

The terms of this notice apply to all health information created or received by Integrative Psychological Medicine staff and providers.

Please read the following notices carefully.

I. Disclosure of Medical Information

With your authorization – We may use or disclose your health information only when you have given us your written authorization except mandated by law.

Payment – We may use or disclose your personal information to your authorized payers (Insurance companies, Spouse or other family member of your choosing) to obtain payment on your behalf for services provided to you. An authorization form is required on file for your authorized individuals.

We may also disclose your personal information to a collections agency we contract as a business associate for the purpose of collecting payment for services rendered to you.

Treatment – We will not disclose your health information to another provider without your permission unless for referral purposes or on occasions of an already established care relationship between the two providers. A written consent from you must have been collected before the said referral or care relationship.

Health Care Operations – We use patient information for practice operations reviews and staff performance reviews to ensure that patients receive quality care.

Reminders – We may include health information while sending reminders of appointments to you or other information about new or alternative treatments or other health care services for the purposes of care coordination.

As Required by Law – We will disclose your medical information if we are required to do so by federal, state or local law. If this happens, we will inform you of the disclosure and what information was disclosed.

Public Health Activities – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person, without your permission.

Marketing – We will obtain your written authorization before using your health information to send any marketing materials.

Selling your Information – We will not sell your medical information to any organization. If you wish to, you may do so without the involvement of Integrative Psychological Medicine.

Business Associates – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example, we may disclose your information to attorneys, collection agencies, insurance companies and accreditation organizations.

Research – We will not use your health information for the purposes of research or any medical study without your formal written consent.

Our Facility Directory – We send out holiday and birthday greetings to our patients either via email or to your physical address. Your information will be used for this purpose while you are a patient of our facility. If you choose, at any time, not to receive said greetings, please inform any of our administrative staff and we will be sure to remove your name from such directory.

II. Your Rights Regarding Your Medical Information

Right to View Your Health Information – You may view your medical information via your patient portal at any time.

Right to Your Medical Record – You may request copies of your medical information in paper or electronic form depending on which format is available. If the form and format are not readily producible, we will work with you to create a reasonable form or format.

Please speak with the practice administrative manager concerning copies of your medical record. There will be a small fee if copies needed are more than 5 pages.

Right to request restrictions on the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to person or entity. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply.

If restrictions are for your health plan or persons responsible for payments of your care, this will only take effect if all services rendered have been paid in full.

Right to request correction or amendment to your health information – You may request to amend, correct or update your health information at any time. All requests will be reviewed and honored if no legal implications are found. Updates such as name change etc. would require legal documentation before any changes can be made. Updates such as new insurance policy will require our staff requesting for and scanning your new insurance card.

Right to request method of communications – You may ask that we communicate with you about your care via a certain medium. We will try our best to honor such requests. Please understand that our staff may unintentionally miss the memo and contact you different from your request.

Right to be notified of a breach – We will notify you in the event of a breach of your protected health information. We have 30 days from the time the breach was discovered to making you aware of such breach.

Right to receive an accounting of disclosures of your record – You may request a list of certain disclosures we have made of your health information. This information may include disclosures for treatment, your payment history and any other disclosures pertaining to your health information, but will not include practice operations, and certain other disclosures pertaining to the practice. To request this list of disclosures you must submit your request in writing to the practice administrative manager and must state the time period for which you would like the accounting records. If you request more than one accounting in any 12-month period, we may charge you a reasonable fee.

Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time. This notice is also available on our website: www.integrativepmed.com

III. Changes to this Notice

We reserve the right to amend this notice at time and to make the revised version available to you, upon request, by your next visit after such amendments. We will also make the revised version available on our website at www.integrativepmed.com

IV. Complaints or Questions

If you believe your privacy rights have been violated or you have been mistreated by any of our staff, you may file a complaint with us by notifying our practice administrative manager. We will not retaliate against you for filing a complaint.