



## **NOTICE OR PRIVACY PRACTICES**

Integrative Psychiatric Care (IPC) is committed to protecting the privacy and security of our patients' protected health information (PHI). During your treatment, our providers and staff may collect personal information related to your medical and psychiatric history.

This Notice explains how your medical information and health records are maintained, how they may be used and disclosed for purposes related to your psychiatric and medical care, and your rights regarding the privacy of your information.

IPC is required by law to maintain the confidentiality of your protected health information and to provide you with notice of our legal duties and privacy practices.

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

**Please read the following notices carefully.**

### **I. DISCLOSURE OF MEDICAL INFORMATION**

#### **With Your Authorization**

We will use or disclose your protected health information (PHI) only with your written authorization, except when disclosure is permitted or required by law.

#### **Payment**

We may use or disclose your personal and health information to authorized payers (such as insurance companies or individuals you designate, including a spouse or family member) to obtain payment for services provided to you. We may also disclose information to a **contracted collections** agency acting as a business associate for the purpose of collecting payment for services rendered.

#### **Treatment**

We will not disclose your health information to another provider without your permission, except for referral purposes or when there is an established treatment relationship between providers. Written consent must be obtained prior to any referral or coordination of care.

#### **Health Care Operations**

We may use patient information for internal operations, including quality assurance, compliance reviews, and staff performance evaluations to ensure high-quality care.

#### **Appointment Reminders & Care Coordination**

We may use your health information to contact you with appointment reminders or to provide information about treatment options, alternative therapies, or other health-related services relevant to your care.

#### **As Required by Law**

We will disclose your medical information when required by federal, state, or local law. When feasible, you will be informed of such disclosures.

#### **Public Health & Safety**

We may use or disclose your health information without your authorization when necessary to prevent or lessen a serious threat to your health and safety or that of others, as permitted by law.

#### **Marketing**

We do not use your health information for marketing purposes, except for online review requests on behalf of the practice.

**Sale of Information**

We do not sell your medical information to any organization. You may independently choose to share your information without the involvement of Integrative Psychiatric Care.

**Business Associates**

We may disclose your information to business associates who perform services on our behalf, such as attorneys, collection agencies, insurance companies, laboratories, and accreditation organizations. These entities are required to protect your information.

**Research**

We will not use or disclose your health information for research or medical studies without your written authorization.

**Facility Directory & Communications**

We may send holiday greetings, birthday messages, and office closure notifications via email or mail while you are an active patient.

**II. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION****Right to Obtain Copies of Your Medical Record**

You may request copies of your medical records in paper or electronic form, depending on availability. If the requested format is not readily producible, we will work with you to provide a reasonable alternative.

Fees may apply for records exceeding five pages or for documentation requiring medical review and a provider's signature.

**Right to Request Restrictions**

You may request restrictions on the use or disclosure of your health information by submitting a written request specifying what information should be restricted, how it should be restricted, and to whom the restriction applies.

Restrictions related to insurance plans or individuals responsible for payment will apply only if services have been paid in full.

**Right to Request Amendments**

You may request corrections or amendments to your health information. Requests will be reviewed and approved unless legal or clinical reasons prevent the change. Legal documentation is required for name changes, and updated insurance information requires submission of a valid insurance card.

**Right to Breach Notification**

You will be notified in the event of a breach involving your unsecured protected health information. Notification will occur within 30 days of discovery, as required by law.

**Right to an Accounting of Disclosures**

You may request a written accounting of certain disclosures of your health information by submitting a written request to the practice administrative manager, specifying the desired time period. One accounting is provided free of charge per 12-month period; additional requests may incur a reasonable fee.

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

You may request a paper copy of this notice at any time. This notice is also available on our website at [www.integrativemed.com](http://www.integrativemed.com).

**III. CHANGES TO THIS NOTICE**

We reserve the right to amend this Notice of Privacy Practices at any time. Revised versions will be made available upon request, during your next visit, and on our website.

**IV. COMPLAINTS OR QUESTIONS**

If you believe your privacy rights have been violated or have concerns about your care, you may file a complaint with the practice administrative manager. We will not retaliate against you for filing a complaint.