

EVEXIA PSYCHIATRY & RECOVERY, PLLC

Dr. Jessica Hutto, MD

NOTICE OF PRIVACY PRACTICES

This notice describes how your protected health information may be used and disclosed, your rights with regard to your protected health information, and our duties to protect such information. This notice of privacy practices is effective on January 1, 2017. Please review it carefully.

I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

How we may use and disclose your protected health information.

Without Your Authorization:

Treatment, payment, and operations information. We may disclose protected health information to covered entities and business associates regarding treatment, payments, and our operations. We may provide health services to you in an emergency, and where there are substantial barriers to communicating with you when we believe you intended for us to treat you. Here are some examples of how we might have to use or disclose your protected health information:

1. We may have to disclose your protected health information to another health care provider, or a hospital, etc., if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
2. We may have to disclose your examination and treatment records and your billing records to another party (i.e. your insurance company), if they are potentially responsible for the payment of your services.
3. We may need to use any protected health information in your file for quality control purposes or any other administrative purposes to run our practice.
4. We may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, protected health information about treatment alternatives, or other health related information that may be of interest to you (i.e. test results). If you are not at home to receive an appointment reminder, a message may be left on your answering machine and/or mailed.

Individuals Involved in Your Care or Payment or Notification. We may disclose your protected health information to your family members or friends who are involved in your care or who assist you in paying for your care. If we need to notify family and/or friends of your medical condition and/or location, we may also disclose your protected health information. This notification may be via a disaster relief effort, such as the American Red Cross.

You. We may, under most circumstances, provide protected health information on your request for copying and inspection and accounting purposes.

Personal Representative. We may disclose protected health information to your personal representative should you have one. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, we must treat such person as a personal representative. If under state law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an un-emancipated minor in making decisions related to health care, we must treat such person as a personal representative.

Appointment Reminders. We may use and disclose your protected health information when we contact you of an upcoming appointment.

Prescriptions. We will write, fill, and send prescriptions to covered entities or business associates.

Secretary of the U.S. Department of Health and Human Services. We will provide protected health information to the Secretary in order for the Secretary to investigate issues and determine our compliance with federal privacy requirements.

Individual Referrals. We will disclose protected health information when we make individual referrals for follow up treatment.

Required by Law. We will disclose protected health information when we are required to do so by federal, state, or local law.

Public Health Activities. We may disclose protected health information for public health activities. For example, we may disclose protected health information to a public health agency to assist in an investigation of food poisoning. As another example, we may disclose protected health information to enable a public health agency to study diseases (e.g., cancer registries) or deaths of public health importance.

Health Oversight Activities. We may disclose protected health information for health oversight activities. For example, a health oversight activity may include the disclosure of protected health information in the course of an investigation of a provider's conduct to a state licensing board official.

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Cadaveric Organ, Eye or Tissue Donation. We may disclose protected health information if the individual is an organ, eye or tissue donor so that we can assist entities with donations and transplants.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information if it is necessary to avert a serious threat to the health or safety of the individual or others or to assist law enforcement authorities in identifying or apprehending an individual.

Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to coroners, medical examiners, and funeral directors to assist them in identifying deceased persons, determining the cause of death, or other duties required for them by law.

Research. We may disclose protected health information for medical or health-related research. However, this type of disclosure, similar to some others in this category, will require that the recipient (i.e., researcher) ensure that protected health information will be protected and other requirements are met.

Abuse, Neglect, or Domestic Violence. We may report protected health information to government authorities if we have a reasonable belief that a situation involves abuse, neglect or domestic violence. We will abide by state law in making any disclosures involving abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings. We may release protected health information for judicial and administrative proceedings. Such proceedings would include responses to court orders or subpoenas.

Workers' Compensation. We may disclose protected health information for the purpose of processing and adjudicating workers' compensation claims.

For Specialized Government Functions. We may disclose protected health information if the individual is a member of the military as required by military authorities. This would also include releases for foreign military personnel. Additionally, we may disclose protected health information to federal officials for national security reasons as authorized by law.

Law Enforcement Purposes. We may disclose protected health information for law enforcement purposes if requested by a law enforcement official. For example, we may disclose protected health information if it would assist the law enforcement agent in locating a material witness to a crime.

Planning of Health Care Services. We may disclose protected health information to assist local health partnerships established by law to plan and ensure health care services. For example, we may provide protected health information to assist the partnerships in identifying common diseases in a certain community and providing treatment to improve the health of the community.

Quality and Cost of Services. We may provide protected health information to a nonprofit organization established by law for the purpose of ensuring quality services at reasonable prices. Such a disclosure may be to assist that nonprofit organization in determining the relative quality of services provided by one physician as compared to his peers.

Training of students. We may provide protected health information in training programs in which staff, students, or trainees learn under supervision to practice or improve their skills as health care providers.

Correctional Institutions. When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose protected health information to a correctional institution having lawful custody of the individual.

Additional Uses in Operations. We may use and disclose protected health information in conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs. In addition to the above, Section 181 of Texas SB 11 also allows use and disclosure relative to Financial institutions for the processing of payments, Non-profit organizations that pays for health care services or prescription drugs for an indigent person only if the agency's primary business is not the provision of health care or reimbursement for health care services. Employee Benefit Plans, Red Cross, and Offenders with mental impairments.

II. ALL OTHER USES AND DISCLOSURES REQUIRE AUTHORIZATION

We will ask for your written authorization for any use or disclosure that is not listed above. Once you sign an authorization allowing us to disclose PHI about you in a specific situation, you have the right to later revoke that authorization in writing to prevent future use and disclosure of your protected health information except for disclosures that were being processed before we received your revocation.

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III. YOUR RIGHTS

Restriction on Release. You may request that we not use or disclose your protected health information (1) for your treatment, payment, or the administration/management of our practice, (2) in notifying family members and friends of your condition or location, and (3) to family and friends involved in your care. We will consider your request but are not legally required to accept it. If we do accept your request, we will not use or disclose your protected health information except as agreed, unless it is required in emergency situations.

Confidential Communications. You may request that we communicate with you at a different location (e.g., at work rather than home) or in an alternative manner (e.g., using a sealed envelope rather than a post card). We will try to accommodate your request provided that you specify the alternative contact or method and pay any additional costs related to such requests.

Access and Amendment. In most cases, you have the right to inspect or receive a copy of your protected health information that we use to make decisions about you. Additionally, if you believe that your protected health information in your record is incorrect or if important protected health information is missing, you have the right to request that this protected health information be corrected or amended.

Accounting. You may request a limited list of instances where we have disclosed your protected health information. The list of disclosures includes only those disclosures occurring after January 1, 2017. Further, the list will not include disclosures: (1) for treatment, payment or related administrative/management purposes; (2) to you; (3) to friends/family involved in your care or payment for your care, or for notifying your family/friends in situations where you indicate that you agree to the disclosure; (4) under certain circumstances for national security or intelligence purposes; and (5) to correctional institutions or law enforcement officials having lawful custody of an inmate or protected health information about an inmate or individual, under certain conditions. Disclosures to health oversight agencies or law enforcement officials may be temporarily suspended if such disclosures delay the activities of the agency or official.

IV. OUR DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We must abide by the terms of the notice currently in effect.

We may apply a change in a privacy practice that is described in the notice to protected health information at any time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for protected health information that we maintain. We will provide you with a revised notice upon request. Prior to making a material change in our privacy policies, uses and disclosures, or our legal duties, we will change our notice and post the new notice. The Privacy Notice text will also be provided on our web site in a prominent location. You can also request a copy of our notice at any time by contacting us.

V. COMPLAINTS

If you feel that your privacy rights have been violated, you may inform us by contacting us. You may send a written complaint to the Secretary of the Department of Health and Human Services. We will not punish or retaliate against you for filing any complaint.

VI. CONTACT US

If you have any questions, please call 972-243-3343.