Notice of Privacy Practices

Psych Nouveau Child & Family Psychiatric Care, LLC
A New Approach to Mental Health Care

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

At **Psych Nouveau Child & Family Psychiatric Care, LLC**, we understand that your health information is personal and are committed to protecting your privacy. As part of your care, we create and maintain a medical record documenting your psychiatric evaluations, diagnoses, treatment recommendations, medication management, and other services provided. This information allows us to provide high-quality, coordinated care while meeting our legal and professional responsibilities.

This Notice of Privacy Practices explains how your protected health information (PHI) may be used and disclosed, your rights regarding your health information, and our legal responsibilities to safeguard your privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

We are required by law to:

• Maintain the privacy and security of your protected health information (PHI).

• Provide you with this Notice of Privacy Practices describing our legal duties and privacy practices regarding your health information.

• Follow the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice. Any changes will apply to all protected health information we maintain. The revised Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways we may use and disclose your protected health information (PHI). Not every possible use or disclosure is listed; however, all permitted uses and disclosures will fall within one of the following categories.

For Treatment, Payment, and Health Care Operations

We may use and disclose your protected health information to provide, coordinate, or manage your psychiatric care, obtain payment for services, and conduct our healthcare operations. This may include communicating with other healthcare providers involved in your care, consulting with specialists, coordinating treatment, obtaining prior authorizations, or sharing information with your pharmacy or laboratory as necessary to provide safe and effective treatment.

Disclosures made for treatment purposes are not limited to the minimum necessary standard because healthcare providers require access to complete information in order to provide quality care.

Lawsuits and Legal Proceedings

If you become involved in a legal proceeding, we may disclose your protected health information in response to a valid court order or other lawful legal process as permitted or required by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

Psych Nouveau Child & Family Psychiatric Care, LLC does **not** maintain separate psychotherapy notes as defined by HIPAA. Documentation related to your psychiatric evaluations, diagnoses, treatment recommendations, medication management, brief therapeutic interventions, and coordination of care is maintained as part of your medical record.

Should separate psychotherapy notes ever be created, they will receive additional protections under HIPAA and generally may not be used or disclosed without your written authorization except as otherwise permitted or required by law.

Marketing

We will not use or disclose your protected health information for marketing purposes without your written authorization.

Sale of Protected Health Information

Psych Nouveau Child & Family Psychiatric Care, LLC does not sell your protected health information.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable federal and state laws, we may use or disclose your protected health information without your written authorization for the following purposes:

• When required by federal or state law.

• For public health activities, including reporting suspected abuse or neglect and preventing or reducing a serious threat to health or safety.

• For health oversight activities, including audits, investigations, inspections, and licensure activities.

• For judicial or administrative proceedings when required by law.

• For law enforcement purposes as permitted by law.

• To coroners, medical examiners, or funeral directors performing duties authorized by law.

• For research purposes only as permitted by applicable law. When required, your written authorization or Institutional Review Board (IRB) approval will be obtained before your information is used.

• For certain specialized government functions, including military activities, national security, and correctional institutions when permitted by law.

• For workers' compensation purposes as permitted by applicable law.

• To contact you regarding appointment reminders, follow-up care, treatment alternatives, or other healthcare services that may benefit you.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family Members and Others Involved in Your Care

Unless you object, we may disclose relevant protected health information to a family member, friend, or other individual involved in your care or payment for your care when appropriate. In emergency situations, we may use our professional judgment to determine whether such a disclosure is in your best interest.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your protected health information for treatment, payment, or healthcare operations. Although we will consider your request, we are not required to agree to it if doing so would interfere with providing safe and appropriate care.

The Right to Request Restrictions for Self-Pay Services

If you pay for a healthcare service in full out-of-pocket, you may request that we not disclose information about that service to your health plan for payment or healthcare operations purposes, and we will honor that request unless disclosure is otherwise required by law.

The Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific manner or at a specific location. We will accommodate all reasonable requests.

The Right to Access Your Health Information

You have the right to inspect or obtain a paper or electronic copy of your protected health information, including your medical record, as permitted by law.

Upon receiving your written request, we will provide access to your records, or a summary if you agree to receive one, within 30 days unless additional time is permitted by law. A reasonable, cost-based fee may apply for copies of your records.

When available, portions of your health information may also be accessible through our secure patient portal.

The Right to Receive an Accounting of Disclosures

You have the right to request a list of certain disclosures of your protected health information that have been made outside of treatment, payment, healthcare operations, and those made with your written authorization.

We will respond within 60 days of receiving your request. The first accounting provided within a 12-month period is free. Additional requests within the same 12-month period may be subject to a reasonable cost-based fee.

The Right to Request an Amendment

If you believe information contained in your medical record is incorrect or incomplete, you have the right to request that we amend your record. If we deny your request, we will provide you with a written explanation within 60 days.

The Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time. You may request a paper copy even if you previously agreed to receive this Notice electronically.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

By signing below, you acknowledge that you have received a copy of the Psych Nouveau Child & Family Psychiatric Care, LLC Notice of Privacy Practices. Your signature acknowledges receipt of this Notice and does not indicate agreement or disagreement with its contents.