



M. E. PSYCHIATRIC CARE

Privacy Policy

It is our responsibility and intent to protect the confidentiality of our patients to the fullest extent permitted by law and according to the wishes of our patients. In conducting our business, we will create records regarding you and the treatment and services we provide to you. The Health Insurance Portability and Accountability Act of 1996, HIPAA, includes important practices for healthcare organizations regarding the privacy and security of patient information.

Our Legal Responsibilities

We are required by law to give you this notice. It provides you on how we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information.

We have the right to change these policies at any time. If we change our privacy policies, we will notify you of these changes immediately. This current policy is in effect unless stated otherwise. If the policy is changed, it will apply to all your current and past health information.

You may request a copy of our notice any time. You may contact M. E. Psychiatric Care at 3523 45th St S Suite 100 Fargo, ND 58104 or by phone at 701.203.5247 to request a copy of this privacy policy or should you have any questions regarding this policy.

How We May Use or Disclose Your Protected Health Information

The following examples describe ways that we may use your protected health information for your treatment, payments, healthcare operations etc. but please be advised that not every use or disclosure in a particular category will be listed.

Treatment: We may use and disclose your protected health information to provide you treatment. This includes disclosing your protected health information to other medical providers, trainees, therapists, medical staff, and office staff that are involved in your health care.

For example, we might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your protected health information to other individuals outside of our office such as the pharmacy when a prescription is called in.

Payment: Your protected health information may also be used to obtain payment from an insurance company or another third party. This may include providing an insurance company your protected health information for a pre-authorization for a medication we prescribed.

Health Care Operations: We may use or disclose your protected health information in order to operate this psychiatric practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you by telephone, email, or text to remind you of your appointments. Every effort will be made to insure anonymity.

If we have to share your protected health information to third party “business associates” such as a billing service, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may also use your protected health information for marketing activities. For example, we might send you a thank you or birthday card in the mail, phone or email. You can contact us at any point to stop receiving this information.

We will not use or disclose your protected health information for any purpose other than those identified in this policy without your specific, written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. You can revoke this authorization at any time but will not affect the protected health information that was shared while the authorization was in effect.

Appointment Reminders: We may contact you as a reminder that you have an appointment for your initial visit, follow-up appointment, or lab work via text, phone or email.

Others Involved in Your Health Care: We may disclose protected health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. For example, we may assume that if your spouse or friend is present during your evaluation, that we can disclose protected professional information to this person. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment if there is an urgent or emergent need.

Research; We will not use or disclose your health information for research purposes unless you give us authorization to do so.

Organ and Tissue Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation if it is necessary to facilitate this process.

Public Health Risks: M. E. Psychiatric Care clinicians are mandated reporters. We may disclose your protected health information, if necessary, in order to prevent or control disease, report adverse events from medications or products, prevent injury, disability or death. This information may be disclosed to healthcare systems, government agencies, or public health authorities. We may have to disclose your protected health information to the Food and Drug Administration to report adverse events, defects, problems, enable recalls etc. if required by FDA regulation. This may be for the purpose of but not limited to:

- Reporting child or vulnerable adult abuse or neglect
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or if we are required or authorized by law to disclose this information
- Notifying a person regarding a potential exposure to a communicable disease

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- Maintaining vital records, such as births and deaths
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

We may disclose protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person or the public. We will only make disclosures to a person or organization able to help prevent or lessen the serious threat.

Health Oversight Activities: We may disclose protected health information to health oversight agencies for audits, investigations, inspections, surveys, disciplinary actions or licensing purposes or for administrative and criminal procedures and actions. These disclosures might be necessary for state and federal agencies to monitor healthcare systems and compliance with civil law.

Required by Law: We will disclose protected health information about you when required to do so by federal, state and/or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures.

Workman's compensation: We may disclose your protected health information to workman's compensation or similar programs to the extent necessary to comply with applicable laws.

Lawsuits: We may disclose your protected health information in response to a court action, judicial or administrative proceeding, administrative action, discovery request, subpoena or other lawful purpose.

Law Enforcement: We may release protected health information to a law enforcement official in response to a court order, subpoena, warrant, and is subject to all applicable legal requirements. This may include but is not limited to:

- Criminal conduct at our office
- To identify a suspect, material witness, fugitive or missing person
- Concerning death believed to be a result of criminal activity
- Regarding a crime victim in certain situations or in an emergency to report a crime

Deceased Patients: We may disclose your protected health information to a medical examiner or coroner to identify a deceased person or to identify the cause of death. If necessary, we may release information in order for funeral directors to perform their jobs.

Military: We may disclose your protected health information if you are a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veteran's Affairs for the purpose of your eligibility or entitlement to certain benefits provided by law.

Inmates: We may release your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official: 1) for the institution to provide health care

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services to you 2) for the safety, security and health of the institution and its officers and employees and/or 3) to protect your health and safety or the health and safety of other individuals.

National Security: We may disclose your protected health information to federal officials for national security purposes authorized by law. We may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirement of Section 164.500 et. seq.

Other uses and disclosures from your protected health information will be made only with your written authorization or approval.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your protected health information that we maintain about you:

Access to medical records: You have the right to access and receive copies of your protected health information that we use to make decisions about your care, including medical and billing records. You may not obtain psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding. You must submit a written request to inspect and/or obtain your protected health information to the individual listed at the end of this privacy policy. We reserve the right to charge you a fee for the time it takes to obtain and copy the protected health information and provide it to you. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by you will conduct reviews.

Amendment: If you believe the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You will need to submit a written request to the Privacy Officer on why you feel the health information should be amended. We may deny your request to amend if you did not send a written request or give a reason on why it should be amended. We may also deny your request if we believe the protected health information is: 1) accurate and complete; 2) not part of the protected health information kept by or for the practice; 3) not part of the protected health information which you would be permitted to inspect and copy; or 4) was not created by M. E. Psychiatric Care, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures: You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of non-routine instances in which we disclosed your personal health information. Use of your protected health information as part of your treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations is not required to be documented. You must submit a written request to obtain this “accounting of disclosures” to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the information to, a description of the information that was disclosed,

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the reason why it was disclosed, and any additional pertinent information. This information may not be longer than six years ago prior to the date the accounting is requested. The first list you request within a 12-month period is free of charge, but our practice reserves the right to charge a reasonable fee for additional requests within the same 12-month period. M. E. Psychiatric Care will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Restriction Requests: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, but shall we agree, we are bound by our agreement except where the disclosure is required by law, in emergencies, or when the information is necessary to treat you. We require this be a written request submitted to the individual at the end of this policy. Your request must describe the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both and to whom you want the limits to apply to.

Confidential Communication: You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. For example, you may ask that we contact you at home rather than work. To request a type of confidential communication, please use the contact information listed below to speak with the privacy officer. We must accommodate your request if it is reasonable.

Paper copy of this notice: You are entitled to receive a paper copy of our notice of privacy practices. To obtain this copy, contact the privacy officer listed at the end of this privacy policy.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office. You also file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our practice, use the contact information listed below.

Provide an Authorization for Other Uses and Disclosures: M. E. Psychiatric Care will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. Of note, we are required to retain records of your care.

Name of Contact Person:

Privacy Officer: M. E. Psychiatric Care
3523 45th St S Suite 100 Fargo, ND 58104
Phone: 701.203.5247 Fax: 701.203.2903

By signing below, you acknowledge that you have received the Notice of Privacy Practices. This notice describes how a patient's protected health information may be used or disclosed to carry out treatment, payment or healthcare

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operations and for other purposes that are permitted or required by law. The notice also details patient rights and the duties M. E. Psychiatric Care has regarding protected health information.

Patient Printed Name _____

Patient/Guardian Signature _____

Date _____

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