

**Psychiatric Associates, P.A., Michas, Valentine, & Gill,  
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Psychiatric Associates, P.A., Michas, Valentine & Gill, is required by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time and will be available within 60 days of a material revision to the notice requirements. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking at the time of your next appointment. The official copy of revisions will be posted in the waiting area. Michas, Valentine & Gill, Psychiatric Associates, P.A. may not use or disclose protected health information of its patients in a manner inconsistent with the Notice of Privacy Practices. This Notice is effective April 14, 2003.

**Uses and Disclosures of Your Protected Health Information**

**Authorization/Consent:** You will be asked to sign an authorization form. Once you have consented to use and disclosure of your protected health information for treatment, payment, and health care operations by signing the authorization form, your physician will use or disclose your protected health information as described in this Section. Your protected health information may be used and disclosed by your physician, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

**Disclosures for Treatment:** We may disclose your protected health information as necessary for your treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Uses and Disclosures for Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval *for* a doctors visit may require that your relevant protected health information be disclosed to the health plan to obtain approval for the service.

**Uses and Disclosures for Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, quality improvements, and conducting or arranging for other business activities. We may also disclose your personal health information to an insurance carrier, health care facility or health care provider for activities such as quality assurance or case management; we may contact your other health care providers concerning prescription drug or treatment alternatives.

**Other Health-Related Uses and Disclosures.** We may also call you by your first name in the waiting room when your physician is ready to see you. In addition, as a courtesy to our patients, it is our policy that you receive a call at your home prior to your scheduled appointment to remind you of your appointment time. If you are not home, we will leave a reminder message on your answering machine or with the person answering the phone. No personal health information is disclosed in our message nor will be disclosed to any other person during this call.

**Business Associates:** We will share your protected health information with third party "business associates" who perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Family and Personal Representatives:** Unless you object, we may disclose to family members or another person you identify, your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval. We may also disclose your personal health information to public or private entities to assist in disaster relief efforts.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you, and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you, but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object**

We are permitted or required by law to use or disclose your personal health information, without authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities; the disclosure will be made for the purpose of controlling disease, injury, birth, death or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. •Communicable Disease, if authorized by law the disclosure will be compliant with the law and limited to the relevant requirements of the law.
- For health oversight activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- To a governmental authority if we believe an individual is a victim of abuse, neglect, or domestic violence; For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request); For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses, or missing people);
- To a person or company required by the Food and Drug Administration;
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations; For certain research purposes when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces, for intelligence or national security issues; or about an inmate or an individual to a correctional institution of law enforcement official having custody; and For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. **Your**

**Rights**

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your restriction. If your physician does believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting the front office personnel for the desired form.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact

**You have the right to receive an accounting of all uses and disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: **psychotherapy notes**; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**Complaints.** If you believe your rights have been violated you can send a written complaint to us at Psychiatric Associates, P. A., Michas, Valentine & Gill at 814 Shadow Lane, Suite B, Fort Walton Beach, FL 32547 or the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice of privacy rights, you may contact our office at 850-862-3141.