

I. Covered Entities Duties and Key Terms

Paperflower Psychiatry, LLC is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Paperflower Psychiatry, LLC is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

To help clarify terms you may encounter, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Provider" refers to any licensed mental health professional.
- "Treatment, Payment and Health Care Operations"
 - Treatment is when your provider provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another psychotherapist.
 - Payment is when your provider obtains reimbursement for your healthcare. Examples of payment are when your provider discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within this practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your provider may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment or health care operations, your provider will obtain an authorization from you before releasing this information

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Your provider may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your provider knows or has reason to believe a child is being or has been neglected or abused, or that a child has been threatened with neglect or abuse that is likely to occur, he or she must immediately report the information to the relevant county department, police, or sheriff's department.
- **Vulnerable Adult Abuse:** If your provider has reason to believe that a vulnerable adult is being or has been maltreated, abused, or neglected, or has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, your provider must immediately report the information to the appropriate agency in this county. Your provider may also report the information to a law enforcement agency.
 - **Vulnerable Adult** means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the

provision of food, shelter, clothing, health care, or supervision; and (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and your provider will not release the information without written authorization from you or your personal or legally-appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If your therapist has reason to believe that you may cause harm to yourself or another person, he or she must make a reasonable effort to warn the third party (if any) and/or contact law enforcement.
- **Worker's Compensation:** If you file a worker's compensation claim, your therapist may be required to release records relevant to that claim to your employer or its insurer.
- **Appointment Reminders/Treatment Alternatives -** We may use and disclose your PHI to remind you of an appointment for treatment.
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IV. Patient's Rights

Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, your provider is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a therapist. On your request, your provider will send your bills to another address.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your provider will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. On your request, your provider will discuss with you the details of the amendment process.
- **Right to Revoke an Authorization:** You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, your provider will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice from your provider upon request, even if you have agreed to receive the notice electronically.

Covered Entity Duties:

- Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of his or her legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of changes, your provider is required to abide by the terms currently in effect.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision made by your therapist about access to your records, you may further discuss this with your provider. If you are not satisfied, please contact Elizabeth Odhner (Privacy Officer) at liz@paperflowerpsychiatry.com

You are able to request a complaint form to file within our company at any time via email. These forms will all be investigated within 60 days and you will receive a report of the final outcome.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints or the applicable state board of your therapist.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective May 3, 2023. Paperflower Psychiatry, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. If this should take place, Paperflower Psychiatry will provide you with a revised notice by posting a revised copy on our website: www.paperflowerpsychiatry.com