



AUSTIN MIND AND BEHAVIORAL HEALTH

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) provides guidelines to protect patient privacy and provides rules governing disclosure of your protected health information. 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.

Your health record is the physical property of the healthcare practitioner or facility that compiled it. With respect to these records, you have the following rights:

Get an electronic or paper copy of your medical record

- You can request an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. We reserve the right to agree or disagree with your request, but we will tell you the reason in writing within 30 days.
- Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may not agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we've shared your health information for seven years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will charge a reasonable, cost-based fee.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treat you**
We can use your health information and share it with other professionals who are treating you, with your permission and consent.
- **Appointment Reminders**
We may use your protected health information to contact you to provide appointment reminders through Patient Portal, telephone, e-mail, U.S. mail or any other ways that Austin Mind and Behavioral Health finds convenient or as per your request. We may use your protected health information to inform you of any changes in office policies.
- **Abuse and Neglect**
We can use and share your health information to inform relevant government authority or entity about any person that we may suspect of being subject to abuse and neglect.
- **Run our organization**
We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Medical Education**
We can use your health information to inform you of any medical education or medically beneficial services that may be beneficial or of interest to you.

Disclosure to any individual or organization

We can share your health information to any individual including family member (s), friends, acquaintances or any organizations that you request to do so. We will only share your health information if you provide a written authorization for release of information. .

Bill for your services

We can use and share your health information to bill and get payment from health plans, insurance plans (if applicable), or other entities.

Communicable diseases

We can use and share your health information to inform a person who may be at risk of contracting a disease or condition due to exposure to the disease.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services as required by law.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing. You can revoke your permission to disclose your protected health information at any time by letting us know in writing.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you can complain by contacting Privacy Officer, Austin Mind and Behavioral Health, 11673 Jollyville Road, Suite 201, Austin, TX 78759. Phone number: (512) - 579-0304. Website: www.austinmbhealth.com
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W, Washington, D.C. 20201, calling 1-877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints/ .

- We will not retaliate against you for filing a complaint.
- For more information please see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Other Instructions for Notice

- Effective Date of this Notice is January 1, 2020.