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NOTICE OF PRIVACY PRACTICES

I, Patricia Spach, MN, ARNP, respect your privacy. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information that I create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

EXAMPLES OF USE AND DISCLOSURES OF PROTECTED INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

For treatment:

- Information obtained will be recorded in your medical record and used to help decide what care may be right for you.
- Information may be provided to others providing your care. This will help them stay informed about your care

For payment:

- In requesting payment from your health insurance plan, health plans need information from me about your mental health care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For health care operations:

- I may use your medical record to assess quality and improve services.
- I may contact you to give you information about treatment alternatives or other health related benefits and services.
- I may use and disclose your information to conduct or arrange for services including:
 - medical quality review by health plans;
 - accounting, legal, risk management, and insurance services;-audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records I create and store are the property of my practice. I use an electronic medical record and a paper record. Your record is private and cannot be accessed without your permission. Electronic records are stored on a secure server through ICAN-NOTES. All other records are in my office. The protected health information in it generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant this request, but I will comply with any request granted;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information;
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing;
- Have me read and review a denial of access to your health information-except in certain circumstances;
- Ask me to change you health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records;
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third party payors. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more often;
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give me this request in writing;
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have your written request. Sometimes it cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights, please contact me during business hours.

I am required to:

- Keep protected health information private;
- Give you this Notice;
- Follow the terms of this Notice;

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting my office to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact me.

If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to me at my office. You may also file a complaint with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you; this is your right.

**Other Disclosures and Uses of Protected Health Information
Notification of Family and Others**

I may disclose health information about you to assist you in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.

I may use and disclose your protected health information without your authorization as follows:

-With Medical Researchers-if the research has been approved and has strict policies to protect the privacy of your health information. I may also share information with medical researchers preparing to conduct a research project.

-To the Food and Drug Administration (FDA) relating to problems with food, supplements, and drug products.

-To comply with workman's compensation laws-if you make a claim for worker's compensation.

-For Public Health and Safety Purposes as Allowed or Required by Law:

To prevent or reduce serious, immediate threat to the health or safety of a person or the public.

To public health or legal authorities, to protect public health and safety, to prevent or control disease, injury, or disability.

-To report suspected abuse or neglect to public authorities.

-To correctional institutions-if you are in jail or prison, as necessary for your health and the health and safety of others.

-For Law Enforcement Purposes-such as when I receive a subpoena, court order, or other legal directive, or if you are a suspect or victim of a crime.

-For health and safety oversight purposes such as sharing information with the Department of Health.

-For Disaster Relief Purposes-For example, I may share your personal health information with disaster relief personnel.

-For work-related conditions that could affect employee health

-To the Military Authorities of the U.S. and Foreign Military Personnel.

-For specialized government functions or for national security.

Other Uses and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed and/or required by law or with your written authorization.

Effective October 1, 2018

NOTICE OF PRIVACY PRACTICE-ACKNOWLEDGMENT

By my signing below, I acknowledge receipt of the Notice of Privacy Practices

Patient or legally authorized individual signature

Date

Time

Printed Name if signed on behalf of the patient

Relationship

This form will be retained in your medical record.