

# Timeline Integrative Psychiatry, LLC

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## NOTICE OF HEALTH INFORMATION 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.

TIMELINE INTEGRATIVE PSYCHIATRY, LLC required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by TIMELINE INTEGRATIVE PSYCHIATRY, LLC, as well as records we receive from other providers.

### USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION IN TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

**Treatment:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, we may coordinate your health care with a third party. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription for medication, to a radiology facility to order an X-ray, or to another physician who is assisting in your health care. In addition, we may disclose protected health information to other health care providers related to the treatment provided by those other providers.

**Payment:** When needed, use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended procedure or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, we may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, we may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

**Operations:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC use or disclose your protected health information when needed for the practice's health care operations for the purposes of management or administration of the practice and for offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities.

**Other Uses and Disclosures:** As part of treatment, payment, and health care operations, TIMELINE INTEGRATIVE PSYCHIATRY, LLC also use or disclose your protected health information to: (1) remind you of an appointment; (2) inform you of potential treatment alternatives or options; or (3) inform you of health-related benefits or services that may be of interest to you.

### USES & DISCLOSURES TO WHICH YOU MAY OBJECT

**Family/Friends:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your protected health information in this manner, please tell us.

### USES & DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT YOUR AUTHORIZATION

**Regulatory Agencies:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information to government and certain private health oversight agencies, e.g., the Department of Public Health and Environment or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

**Law Enforcement/Litigation:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information for law enforcement purposes as required by law or in response to a court order or other process in litigation.

**Public Health:** As required by law, TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well-being of the general public.

**Workers' Compensation:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information as required by military command authorities, if you are a member of the armed forces.

**As Otherwise Required or Permitted By Law:** TIMELINE INTEGRATIVE PSYCHIATRY, LLC disclose your protected health information in any situation in which such disclosure is required by law (e.g., child abuse, domestic abuse) or any other use permitted under HIPAA, its amendments or regulations.

#### **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:**

Other than the circumstances described above, TIMELINE INTEGRATIVE PSYCHIATRY, LLC will not disclose your protected health information unless you provide written authorization. An authorization is specifically required in most situations involving uses or disclosures of protected health information for marketing purpose, for the sale of protected health information, or for psychotherapy purposes. You may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

#### **YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION:**

Although all records concerning your treatment obtained at TIMELINE INTEGRATIVE PSYCHIATRY, LLC the property of TIMELINE INTEGRATIVE PSYCHIATRY, LLC you have the following rights concerning your protected health information:

- **Right to Confidential Communications:** You have the right to receive confidential communications of your protected health information by alternative means or at alternative locations. For example, you may request that we contact you at work or by mail.
- **Right to Inspect and Copy:** You generally have the right to inspect and copy your protected health information, except as restricted by your physician or by law. Further, if we maintain your health records on an electronic health records system, you have the right to request an electronic copy of your health records.
- **Right to Amend:** You have the right to request an amendment or correction to your protected health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.
- **Right to an Accounting:** You have the right to obtain a statement of the disclosures that have been made of your protected health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your protected health information. If we agree, we will abide by the restrictions. Additionally, if you (or anyone on your behalf besides a health plan) pay for the care or services at issue in full out of your own pocket, we are required to comply with your request not to disclose your protected health information to a health plan, unless required by law to do so.
- **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.
- **Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your protected health information, except to the extent that action has already been taken in reliance on your authorization.
- **Right to Notice of Breach of Security:** You have the right to be notified in the event of a breach of unsecured protected health information occurs.
- **Right to Opt Out:** You may be contacted for certain fund-raising purposes and you have the right to opt out of receiving such communications.

**FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS:** If you have questions or would like more information regarding any of the rights listed above, please contact my office at 720-651-0097

**IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED:** You may file a complaint with TIMELINE INTEGRATIVE PSYCHIATRY, LLC with the U.S. Secretary of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

**NOTICE EFFECTIVE DATE:** This Notice is effective for all protected health information created on or after September 23, 2013.