

NOTICE OF PRIVACY PRACTICES

(Effective Date: July 10, 2020)

IMPORTANT: THIS NOTICE OF PRIVACY PRACTICES (“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.

Purpose of this Notice:

We are required by law to protect certain aspects of your health care information known as Protected Health Information (“PHI”) and to provide you with this Notice of Privacy Practices. PHI as defined under HIPAA is your individually identifiable information relating to your past, present, or future health status and is limited to the information that we create, receive, maintain, or transmit on your behalf. PHI can include health information such as diagnoses, treatment, medical test results and prescription information, or national identification and demographic information such as birth dates, gender, ethnicity, and contact or emergency contact information. This Notice describes our privacy practices, your legal rights, and lets you know how we are permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI

The examples of use and disclosures described herein do not necessarily constitute current uses of PHI, nor do they describe every specific use and disclosure that may be made. In most situations we may use this information described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization (“**Authorization for Release of Patient Information**”), if we are required by law to do so. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that we are committed to following at all times.

Confidentiality:

Trust and safety are paramount in the treatment of your mental health. We take confidentiality very seriously. Federal law prohibits the release of any information about our work without your written permission, with a few exceptions:

1. If your provider believes you could harm yourself or others
2. If your provider suspects child or elder abuse
3. If a court subpoenas your records
4. If an on-call physician needs information to treat you appropriately in your provider’s absence

Uses and Disclosures of PHI:

We may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- *For treatment.* This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment

to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to a hospital or dispatch center as well as providing a hospital with a copy of the written record we create in the course of providing you with treatment and transport.

- For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

Use and Disclosure of PHI Without Your Authorization:

We are permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- Treatment & Payment: For our use in treating you or in obtaining payment for services provided to you or in other health care operations.
- Public Health Activities: As required by law, our office may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
- Court Orders and Judicial and Administrative Proceedings: Our office may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain limited circumstances.
- Victims of Abuse, Neglect, or Domestic Violence: Our office may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to the health or safety of yourself or others.
- Health Care Providers: (such as a hospital to which you are transported or First Responder Agencies in emergency situations) for the health care operations activities of the covered entity that receives the information as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.
- Fraud and Abuse: For health care fraud and abuse detection or for activities related to compliance with related law.

- Other: We may also disclose health information to your family, relatives, or friends in an emergency or if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when your spouse has called an ambulance for you. In situations where you are not capable of objecting (because you are not present, you are incapacitated, or in a medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In these situations, we will disclose only health information relevant and necessary to that person's involvement in your care.

You Have A Right to:

1. Look at or get copies of certain parts of your medical information. You may request that our office provide copies in a format other than photocopies. We will use the format you request unless it is not practical for our office to do so. You must make your request in writing. You access the form to release your protected health information by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, you will be charged a \$25.00 for each request, and postage if you want copies mailed to you.
2. Receive a list of all the times our office has shared or disclosed your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions. You must submit your request in writing and it must include: i) a time period for the PHI disclosures that is not longer than six years; ii) indicate in what form you want the list, for example paper or electronic. The first list you request within a 12-month period will be free. For additional lists, we may charge you the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
3. Request that our office place additional restrictions on our use or disclosure of your medical information. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, such as a family member or friend. You must make your request in writing, and it must specifically include: i) what information you want to limit; ii) whether you want to limit our use, disclosure, or both; and iii) to whom you want the limits to apply. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency and as designated by law).
4. Request that we change or amend certain parts of your medical information. Your request must be in writing and you must provide a reason that supports your request. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Request that we communicate with you about your PHI by alternative means or at alternative locations. For example, you can ask that we only contact you at work. Your request must be in writing, but you do not have to provide a reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
6. Request a paper copy of this Notice of Privacy Practices, at any time, even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

Contact, Questions, and Complaints:

If you have any questions about this notice or if you think that our office may have violated your privacy rights, please contact us first so that we may clarify or resolve the issue. However, you may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint. To submit a complaint to our office or submit requests involving any of your rights, write to or contact the following address:

Latham Fink, M.D., Ph.D., PLLC
1801 E 51st St, Suite 365 #399
Austin, TX 78723
Tel: (512) 861-2907
Fax: (512) 861-2908

Changes to This Notice:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the revised or changed Notice effective for **PHI** we already have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices on our website. The Notice will contain the effective date on the top of the first page.

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.