

Community and Long-Term Care Psychiatry LLC

10004 Kennerly Road Suite 362-8 Saint Louis, MO 63128

HIPAA Notice of 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.

This notice of privacy practices describes how we may disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and for that purpose that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: Your protected health information may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for providing health care services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information for your treatment, care and diagnosis.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information would be disclosed to your health plan to obtain approval for a hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, training of medical students, licensing, and conducting or arranging other business activities. For example, we may disclose protected health information in the recruitment and/ or conduction of clinical research studies in which you qualify as a subject and subsequently benefit thereof. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information in the following situations without your authorization. Those situations include: As required by law, public health issues required by law, communicable diseases, health oversight abuse or neglect; food and drug administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors, and Organ donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates; Required uses and Disclosures; Under the Law; We must make disclosures to you and when required by the Secretary of The Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164,500.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke this authorization at any time, in writing except to the extent that your physician's practice has taken an action in the reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your protected health information. Under federal law however you may not copy or inspect the following records: psychotherapy notes, information compiled in a reasonable anticipation of, or use in a civil, criminal, or administrative action or proceedings, and protected health information that is subject to law that prohibits access to protected health information. You have the right to request a restriction of your protected health information. Your physician is not required to agree to a medical records restriction request. If the physician believes it's in your best interest to permit use and disclose your protected health information, your protected health information will not be restricted. You have the right to obtain a paper copy of this notice from the practice. We reserve the right to change the terms of this notice and will inform you.

Signature below is only acknowledgment that you have received this notice of our Privacy Practices

Printed Name

Signature

Date