**AMPHYST BEHAVIORAL HEALTH, PLLC**
**8600 WURZBACH RD., STE 702**
**SAN ANTONIO, TX 78240**
**PHONE 210-972-6360 ; FAX 210-401-3744**

# 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.**

**UNDERSTANDING YOUR HEALTH RECORD / INFORMATION.** Amphyst Behavioral Health is an outpatient psychiatric practice offering a range of psychiatric and mental health services. Our practice may include psychiatric nurse practitioners, therapists, administrative staff, nurses, other employees, independent contractors, and business associates who collaborate to deliver high-quality mental health services. Amphyst Behavioral Health understands the importance of privacy and is committed to maintaining the confidentiality of your medical information. We are required by law to maintain the privacy of protected health information (referred to in this Notice of Privacy Practices as "PHI," "medical information" or "health information") and to provide individuals with this notice of our legal duties and privacy practices concerning protected health information.

Each time you visit a mental health provider at our Practice, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a basis for planning your care and treatment. It may also serve as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and enables you to make informed decisions when authorizing disclosure to others.

**YOUR HEALTH INFORMATION RIGHTS.** Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights concerning the information. You have the right to:

1. **Right to Receive a Paper Copy**. You have a right to receive a hard copy of this Notice of Privacy Practices upon request.
2. **Right to Request Restrictions**. You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment, and health care operations. We are generally not required to agree to your requested restriction. However, if you pay for a health care item or service in full and out of pocket, you may request that we not disclose information about that item or service to your health plan for payment or health care operations. We will honor that request unless disclosure is required by law.
3. **Right to Request Confidential Communications**. You have the right to receive communications of PHI in confidence. For example, you may request that we call a specific number to relay PHI or send information to a particular mailing address. We will comply with all reasonable written requests specifying how or where you wish to receive these communications.
4. **Right to Inspect and Obtain a Copy.** You have the right to inspect and obtain an electronic or paper copy of your medical record and other protected health information that we maintain and use to make decisions about your care, subject to limited exceptions permitted by law. You may submit a request to Amphyst Behavioral Health identifying the records you would like to inspect or receive and your preferred form and format, if readily producible. We will respond within the time required by applicable federal and Texas law. If we deny your request in whole or in part, we will provide you with a written explanation and inform you of any rights you may have to request review of that decision. We may charge a reasonable, cost-based fee for copies when permitted by applicable federal and Texas law. We will inform you in advance if a fee will apply.
5. **Right to Amend or Supplement.** You have a right to request that we amend your PHI that you believe is incorrect or incomplete. We are not required to change your health information. We will provide you with information about our denial and how you can disagree with it. We may deny your request if we do not have the information, if the information is not part of your medical or billing record, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect. In any event, any agreed-upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your PHI made by us to individuals or entities other than you for a period of up to six years except for disclosures: to carry out treatment, payment, and health care operations as provided above; for persons involved in your care or for other notification purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; for national security or intelligence purposes; incidental to other permissible uses or disclosures; that are part of a limited data set (does not contain PHI that directly identifies individuals); made to patient or their personal representatives; for which a written authorization form from the patient has been received. You are entitled to one accounting review within any 12 months. If you request a second accounting in 12 months, we may assess a reasonable fee.
7. **Right to Revoke.** You have the right to revoke your authorization to use or disclose health information except to the extent that we have already acted in reliance on your permission, or if the authorization was obtained as a condition of obtaining insurance coverage, and other applicable law that provides the insurer that received the approval with the right to contest a claim under the policy.
8. **Right to Get Notice of a Breach**. You have the right to be notified of any impermissible use or disclosure of your PHI that compromises the privacy and security of your PHI.
9. **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian or otherwise legally authorized to act on your behalf, that person may exercise your rights and make choices about your health information as permitted by law. We will verify the person's authority before taking action on your behalf.

**HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.** The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. Please note that we may create, receive, maintain, and disclose your PHI in an electronic format.

1. **Treatment**. We may use and disclose PHI in the provision, coordination, or management of your mental health treatment and health care, including consultations between health providers regarding your care and referrals for health care from one health care provider to another. We may collaborate and coordinate care with other physicians, nurse practitioners, therapists, psychologists, or any other mental health professional practicing within Amphyst Behavioral Health related to your diagnosis and treatment.
2. **Payment**. We may use and disclose PHI to obtain reimbursement for the health care services we provide to you, including the determination of eligibility and coverage and other utilization review activities.
3. **Appointment Reminders.** We may use and disclose PHI to contact you to provide appointment reminders via email, text, or automated voice messaging. You will have the opportunity to choose your preferred method of communication for our EHR-generated appointment reminders. You may opt out of appointment reminders upon request.
4. **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
5. **Regular Health Care Operations**. We may use and disclose PHI to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician/practitioner reviews, compliance programs, audits, business planning, development, management, and administrative activities.
6. **Individuals Involved in Your Care or Payment in Your Care**. Unless you object, we may disclose your PHI to your family or friends or any individual identified by you when they are involved in your care or the payment for your care. We will only disclose the PHI directly relevant to their involvement in your care or payment. We may also disclose your PHI to notify a person responsible for your care (or to identify such person) of your location, general condition, or death.
7. **Business Associates**. Some services may be provided within our organization through contracts with Business Associates. Examples include using a billing company or representative for reimbursement and specific laboratory tests. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have requested. To protect your PHI, however, we require the Business Associate to safeguard your information appropriately.
8. **Health Oversight Activities**. We may, and are sometimes required by law to, disclose your PHI to health oversight agencies for audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and Texas law.
9. **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

10. **Communicable Diseases.** We may disclose PHI to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
11. **Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
12. **Food and Drug Administration (FDA).** As required by law, we may disclose to the FDA health information related to adverse events concerning food, supplements, products, and product defects, or post-marketing surveillance information to facilitate product recalls, repairs, or replacements.
13. **Military and Veterans**. If you are a member of the armed forces, we may disclose your PHI as required by military command authorities.
14. **Lawsuits and Disputes**. We may disclose PHI about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.
15. **Law Enforcement.** We may disclose PHI as required by law or in response to a valid court-ordered subpoena. For example, in cases of victims of abuse or domestic violence, to identify or locate a suspect, fugitive, material witness, or missing person, related to judicial or administrative proceedings, or related to other law enforcement purposes.
16. **Inmates.** Suppose you are an inmate of a correctional institution or under the custody of a law enforcement official. In that case, we may release PHI about you to the correctional institute or law enforcement official.
17. **Abuse or Neglect.** We may disclose PHI to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
18. **Public Health Risks.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made to control disease, injury, or disability.
19. **Serious Threats.** As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
20. **Worker's Compensation.** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
21. **Minors**. Suppose you are an unemancipated minor under Texas law. In such cases, we may disclose health information about you to a parent, guardian, or other person acting in loco parentis, as required by our legal and ethical responsibilities.
22. **Sale of PHI**. We are prohibited from disclosing your PHI in exchange for direct or indirect remuneration unless we have obtained your prior authorization to do so.
23. **Marketing**. We must obtain your authorization before using or disclosing your PHI for marketing communications.
24. **Research**. Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**OUR RESPONSIBILITIES.**

1. We will use and disclose your protected health information only as described in this Notice of Privacy Practices or as otherwise permitted or required by law. When your written authorization is required, you may revoke that authorization in writing at any time, except to the extent that we have already acted in reliance on it.
2. The following uses and disclosures will be made only with your express written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.
3. To the extent that Amphyst Behavioral Health creates, receives, maintains, or transmits substance use disorder patient records that are protected under 42 CFR Part 2, those records receive additional confidentiality protections under federal law. We will not use or disclose Part 2-protected records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the disclosure is authorized by a court order and subpoena that meet applicable federal requirements.
4. Health Information Exchanges ("HIEs") allow health care providers to share and receive information about their patients, which assists in better coordination of patient care. We may participate in HIEs that make your health information available to other providers, health plans, and healthcare clearinghouses for treatment, payment, or healthcare operations. We may also receive your health information through an HIE from other providers who have provided you with medical care. Participation in the HIEs is voluntary, and you have the right to opt out of these HIEs at any time by completing and submitting a written request to opt out of HIEs to us.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**. If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Maria Coburn, at the telephone or address below. Suppose you believe that your privacy rights have been violated. In that case, you have the right to file a complaint with the Privacy Officer at Amphyst Behavioral Health or with the U.S. Department of Health and Human Services Office for Civil Rights. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints. The contact information for both is included below.

**U.S. Department of Health and Human Services**
**Office for Civil Rights**
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-800-368-1019
TDD: 1-800-537-7697
You may also file a complaint online through the U.S. Department of Health and Human Services Office for Civil Rights.

**Amphyst Behavioral Health, PLLC**
Maria Coburn: Privacy Officer
8600 Wurzbach Rd, Ste 702
San Antonio, TX 78240
Ph: 210-972-6360
Fax: 210-401-3744
For secure electronic communication, please contact Amphyst Behavioral Health through our secure patient messaging platform.

**NOTICE OF PRIVACY PRACTICES CHANGES & AVAILABILITY.** This privacy policy will be reviewed annually. We reserve the right to change the terms of this Notice, and any changes will apply to all protected health information we maintain, including information created or received before the change. The current notice will be posted in our Practice waiting room and on our website. You may request a copy of our current notice at any time in person, or one may be mailed to you at your current address.