

Cantwell Family Psychiatry, PC
Notice of Privacy Practices
Effective Date: July 1, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. THIS IS A SUMMARY OF THE FULL NOTICE, WHICH IS AVAILABLE UPON REQUEST. PLEASE REVIEW IT CAREFULLY.

Protecting the privacy and confidentiality of information about our patients is very important to Cantwell Family Psychiatry, LLC (CFP). Accordingly, this Notice of Privacy Practices (Notice) is provided as a requirement under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). If you have any questions, please contact Monica Cantwell, the Privacy Officer at CFP at 251-517-5800 or at PO Box 392, Fairhope, AL 36533.

Uses and Disclosures

The following categories describe ways that CFP uses and discloses your Protected Health Information (PHI).

For Treatment – We routinely share your PHI, which is stored in a secure Electronic Health Record (EHR), within CFP to provide treatment for you. With a signed release from you, we may share your medical information with other health care providers, such as those who provide therapy, testing, or other services that we do not provide. We may also disclose PHI about you to people outside CFP who may be involved in your medical care, such as family members.

For Payment – We may use and disclose your PHI so that the treatment and services you receive at CFP may be billed to and payment may be collected from you, Medicare, an insurance company, or a third party.

For Health Care Operations – We may use or disclose your PHI to support CFP, which strives to ensure that all of our patients receive quality care. We may share your PHI with business associates, such as a billing service or EHR provider, as well as with all employees, staff, and other CFP personnel. We may also share your PHI with other health care providers, health care clearinghouses, or health plans that have a relationship with CFP and you.

For Appointment Reminders – We may use and disclose PHI to contact and remind you about appointments, including leaving a voicemail or a message with the individual answering the phone.

For Sign In Sheet – We may use and disclose your PHI by having you sign in when you arrive at CFP, and when we call out your name when we are ready to see you.

Other Uses and Disclosures – We may use and disclose your PHI when required by law enforcement or court order; for public health risks; for suspected child abuse or neglect; government oversight audits (Medicare); coroners, medical examiners, or funeral directors; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and for threats to health or safety of you or others.

Notice of Individual Rights

You have the following rights regarding medical information we maintain about you:

Right to a Paper or Electronic Copy of this Notice – You have the right to a copy of this Notice and the Full Notice.

Right to Inspect and Copy – You have the right to inspect and copy medical information that may be used to make decisions about your medical care. CFP may deny your request in certain very limited instances; we will charge a reasonable fee for labor, supplies, and postage.

Right to Amend – If you feel that your PHI is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be in writing and submitted to the Privacy Officer and you must provide a reason that supports your request, which may be denied by CFP.

Right to Request Restrictions – You have the right to request a restriction or limitation on the EHR we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, which must be in writing to the Privacy Officer.

Right to Request Confidential Communications – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, all of which must be made in writing by you.

Right to an Accounting of Disclosures – If you would like a copy of the disclosures CFP made of your PHI, you must submit a request in writing to the Privacy Officer listed above.

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Changes to this Notice – We reserve the right to change this notice and will post a copy of the current notice in CFP’s Waiting Room.

Complaints – Complaints about how CFP handles your PHI should be submitted in writing to the Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

I acknowledge by signing below that I have received the Notice of Privacy Practices and Notice of Individual Rights.

Patient or Patient’s Personal Representative Signature

Date

Patient’s Name (Please print)

Medical Record Number