

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. WE ARE REQUIRED BY LAW TO PROVIDE YOU WITH THIS NOTICE.

This notice describes how I may use and disclose your protected health information (referred to as “PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

I am required to abide by the terms of this notice, which we may change from time to time. Any new notice will be effective for all PHI that we maintain at that time. I will provide you with any revised notice upon your request.

### **1. Uses and Disclosures of PHI Without Your Consent for Treatment, Payment and Health Care Operations**

PHI may be used and disclosed by Ronitte Vilker, PhD for the purposes of providing and paying for health care services to you. PHI may also be used and disclosed to support practice health care operations. Following are examples of the types of uses and disclosures of PHI for these purposes.

Treatment: I may disclose PHI, as needed, to other providers to whom we refer or in a medical emergency so that the treating practitioner has the information necessary to diagnose and treat you.

Payment: I may disclose PHI, as needed, to obtain payment from your health insurance plan (including Medicare), to determine eligibility or coverage for insurance benefits and to undertake medical necessity and utilization review activities e.g., obtaining approval for a hospital stay.

Health Care Operations: I may disclose PHI, as needed, for certain business activities relating to our practice. The activities include, but are not limited to, quality assurance activities, interns, and employee review activities. I may also use a sign-in sheet at the reception desk and may call you by name in the waiting room when it is time to see you. I may use or disclose PHI, as necessary, to contact you to remind you or your appointment. I may also use or disclose PHI, as necessary, to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you. You may inform me if you do not want these materials sent to you.

I may also share PHI with certain businesses that perform various activities (e.g., Council on Accreditation) for my practice. In these instances, I will have a written contract in place to protect the privacy of PHI.

### **2. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent for Other Reasons**

I may use or disclose PHI in the

following situations without your consent, as required by and in accordance with the law.

#### Public Health and Oversight

Agencies: I may disclose PHI to the Rhode Island Department of Health (“DOH”) and other public health authorities for the purpose of controlling disease. I may disclose PHI to any authority authorized by law to receive reports of child abuse or neglect. In addition, I may disclose PHI to such authority if I believe that you have been a victim of abuse, neglect, or domestic violence.

I may also use or disclose PHI to a duly authorized public or private entity to assist in disaster relief efforts. I may disclose PHI to a health oversight agency, e.g., the DOH, for activities authorized by law.

Communicable Diseases: I may disclose PHI to a person who may be exposed by you to a communicable disease.

Food and Drug Administration (“FDA”): I may disclose PHI to the FDA to report adverse reactions to medications, product defects, and other information, required by and subject to the jurisdiction of the FDA.

Legal Proceedings: I may disclose PHI in the course of any legal proceeding, in response to a court order or, in certain instances, in response to a subpoena so long as you have been duly notified or attempts to notify you have been made according to law.

Law Enforcement: I may also disclose PHI to law enforcement authorities, so long as all legal requirements are met.

Medical Examiner: I may disclose PHI to a medical examiner, e.g., for identification purposes or determining cause of death.

Criminal Activity: I may disclose PHI, if we 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.

Workers Compensation: I may disclose PHI to comply with workers' compensation laws and other similar programs.

Required Uses and Disclosures: Under the law, I must make disclosures to you and to the Secretary of the United States Department of Health and Human Services ("Secretary") to investigate or determine our compliance with the federal privacy regulations.

### 3. Your Rights

This section of this notice describes your rights with respect to PHI and a brief description of how you may exercise these rights. Please contact me with any questions or to assert any of your rights.

Generally, you have the right to inspect and copy PHI as long as I maintain it. There are a few exceptions, however, such as copying psychotherapy notes, any information compiled in anticipation of a lawsuit or other proceeding or as laws specifically prohibit your access to PHI. Depending on the circumstances, a decision to deny access may be reviewable.

You have the right to request certain restrictions on certain uses and disclosures of PHI. You may ask me not to use or disclose portions of PHI for the purposes of treatment, payment or healthcare operations. You may also request that portions of PHI not be disclosed to family members or friends who may be involved in your care (upon your consent or as otherwise

authorized) or to notify them about your medical condition. Your request must state the specific information restriction requested and to whom you want the restriction to apply.

I am not required to agree to a restriction that you request. If I believe that it is in your best interest to permit use and disclosure of PHI, PHI will not be restricted. If we agree to the requested restriction, we will not use or disclose PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate all reasonable requests and we will not request an explanation from you as to the basis for the request.

Depending on the circumstances, you may have the right to amend PHI. In certain cases, I may deny your request because I believe that the PHI is accurate and complete. If I deny your request for amendment, you have the right to file a statement of disagreement with me, which I will consider. I may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures I have made, if any, of PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations and to any disclosures that you may have authorized. It excludes disclosures prior to April 14, 2003 and to disclosures we may have made to you, to family members or friends involved in your care. The right to receive

this accounting is subject to certain exceptions, restrictions, and limitations.

### 4. Uses and Disclosures of PHI Based Upon Your Written Authorization

Other uses and disclosures of PHI will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization, or disclosure is otherwise permitted or required by law.

### 5. Complaints

You may file a complaint with me and/or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by me. You may file a complaint with me by notifying me of your complaint. Please be assured that I will not retaliate against you, in any way, for filing a complaint. I would appreciate your advising me of any of your concerns first so that we may address them.

This notice was published and becomes effective on April 14, 2003.