

Bainbridge Mental Health, PLLC

NOTICE OF PRIVACY PRACTICES & PROCEDURES, EFFECTIVE OCT. 12, 2016

AS REQUIRED BY FEDERAL LEGISLATION, THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to all of the paper and electronic records of your care maintained by Bainbridge Mental Health, PLLC/Britt Gonsoulin, MD, MPH, whether created by me, my personnel or records acquired from outside resources such as other clinicians involved in your care and laboratory reports.

WAYS THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe ways that we use and share your confidential information. Confidential information includes Protected Health Information (PHI) (information that could be used to identify you). Not every use or disclosure in a category is listed. However, the ways we are permitted to use and disclose information will fall within one of the following categories.

DISCLOSURES THAT REQUIRE AUTHORIZATION

Psychotherapy notes are handled separately under HIPAA and have additional protections. Specifically, the regulations state that in most instances a practice must obtain an authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment, or healthcare operations and the uses listed in routine situations. All other circumstances require a valid authorization from you for use and disclosure.

Confidential information may be released for payment and healthcare operations only to health insurance plans and their agents and any business associates of the practice. The definition of health insurance plan does not include life insurance companies, automobile insurance companies, or workers' compensation carriers. These are not covered under HIPAA. Therefore, if you would like information submitted to one of these companies, an authorization will be required, unless state or federal law otherwise requires us to do so.

ROUTINE SITUATIONS

For Treatment: We may use information about you to provide you with medical treatment or services. Treatment is when we provide, coordinate, or manage your healthcare and other services related to your healthcare. We may disclose your information to other physicians that are treating you or those physicians that you request be involved in your care. An example of this is when we consult with another healthcare provider, such as your primary care physician as a part of your care. Or, we speak with a provider who referred you for a consultation to answer a specific question.

For Payment: We may use and disclose information about you so that the treatment and services you receive at the practice may be billed and payment may be collected from you, an insurance company, or a third party (including a collection agency if necessary). For example, we may give your health insurance carrier information about services you received at the practice so your health insurance plan will pay the

practice or reimburse you directly for the services rendered. We may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. Examples of this would include prior authorizations for specific medications or specific types of office visits that we would want them to cover.

For Healthcare Operations: We may use and share information about you for administrative functions necessary to run the practice and promote quality care. We may share information with business associates who provide services necessary to run the practice, such as transcription companies or billing services. We will contractually bind these third parties to protect your information.. Also, we may permit your health insurance plan or other providers to review records that contain information about you to assist them in improving the quality of service provided to you.

Communicating with You and Others Involved in Your Care: The practice may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In certain situations, we may share information about you with a friend or family member who is involved in your care or payment for your care unless you have requested that such disclosures not occur and we have agreed. Information disclosed will be directly relevant to such person's involvement with your care or payment related to your care. Whenever possible, this person will be identified by you. However, in emergencies or other situations in which you are unable to indicate your preference, we may need to share information about you with other individuals or organizations to coordinate your care or notify your family.

SPECIAL SITUATIONS

As Required By Law: We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you in response to a valid court subpoena. You may request an accounting of such disclosures at any time (refer to An Accounting of Disclosures paragraph for details).

Health Oversight Activities: We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

For Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that you have received within the practice and the records thereof, such information may be privileged under state law, and we will not release information without the written authorization of you or your legal representative, or in instance of issuance. This may also be the case in the instance of a court subpoena requiring provision of such information of which you have been properly notified and in response to which you have not opposed the court subpoena within the legally specified format and timeframe, or in the instance of the issuance of a court order compelling us to provide Protected Health Information (PHI). This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

To Avert Serious Threat to Health or Safety: We may disclose your confidential mental health information to any person without authorization if we believe reasonably that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual. These disclosures may be to law enforcement officials to respond to a violent crime or to protect the target of a

violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

Worker's Compensation: If you file a worker's compensation claim, with certain exceptions, we must make available, at any stage of the proceedings, all PHI information in our possession that is relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

Public Health Risks: We may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury, or disability
- To report child abuse or neglect
- To report adult and domestic abuse
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Law Enforcement: We may release information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- If you are suspected to be a victim of a crime, generally with your permission
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the hospital
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

Inmates: We may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care or to protect the health and safety of the others or for the safety and security of the correctional institution.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

-A paper copy of this notice. You have the right to receive a paper copy of this notice. You may obtain a copy by asking for one, calling the office, or downloading a copy from the patient portal at :

<https://www.valantmed.com/Portal/junipercenter>.

-Inspect and Copy. You have a right to inspect and obtain a copy of the protected health information that is maintained in our record system as long as we maintain that information. This designated record set includes your medical and billing records as well as other records we use in making medical decisions

about you. Any psychotherapy notes about you that may have been included in the records we received from other sources are not available for your inspection or copying by law. We may charge a fee for the copying, mailing, or other supplies necessary to provide these. If you wish to inspect a copy of your medical information you must submit your request in writing bearing your signature to: Bainbridge Mental Health, PLLC, 271 Wyatt Way NE, suite 200, Bainbridge Island, WA, 98110. You may mail your request or bring it to the office. We will then have 30 days to respond to the request.

-Request Amendment. You have the right to request that we amend your medical information if you feel that it is inaccurate or incomplete. You must make a request in writing to our practice, stating exactly what information is incomplete or inaccurate and your reasoning that supports that request. We are permitted to deny your request if it is not in writing or if it does not include a reason to support the request. By law, we may also deny your request if:

- the information was not created by us, or the person who created it is no longer available to address the requested amendment;
- the information is not part of the records which you are permitted to inspect and copy
- the information is not part of the designated records set kept by this practice; or
- if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions.

You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment payment or health care operations. For example, you could request that we not disclose information to your insurance carrier about a treatment that you paid for in full out of pocket. Your request must be made in writing and given to us. Other than as in the example above, we are not required to agree to your request if we feel it is in your best interest to disclose that information. However, if we do agree, we will comply with your request.

An Accounting of Disclosures. You have the right to request an accounting of disclosures of your PHI we have made outside the practice that were NOT for treatment, payment, or health care operations (e.g. as required by law). You must request this in writing and must state the specific time period for the requested information. You may not request information from before April 14th, 2003 (the compliance date for federal regulation) or for a period of time exceeding 6 years (the period of time we are legally obligated to retain information). Your first request of a list of disclosures within a 12-month period will be free, the following request within that 12 month period will come with a charge that is a reasonable cost-based fee for the cost of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications.

You have the right to request how we communicate to preserve your privacy. For example-you may request that we call you only at a certain phone number or mail mail to a special address. Your request must be made in writing and must specify how or where we contact you. We will accommodate all reasonable requests.

File a Complaint.

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with the practice or directly with the secretary of Health and Human Services. To file a complaint with us, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to: Privacy Officer, Bainbridge Mental Health, PLLC, 271 Wyatt Way NE, suite 200, Bainbridge Island, WA, 98110. You should know that there will be no retaliation for your filing a privacy complaint.

Uses or Disclosures Not Covered:

Uses or disclosures of your health information not covered by this notice or the laws that apply to us, may only be made with your written authorization. For example, if you request that we transfer your medical records to another provider we will ask you to sign and authorization to do so. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

For more information: If you have questions or would like additional information regarding our privacy practices, you may contact us at 206-201-3840.

Effective Date: May 24, 2016
Bainbridge Mental Health, PLLC
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