

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.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends you approve.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information for healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, or licensing activities.

**Appointment Reminders:** We may use and disclose your health information to provide you with a reminder that you have an appointment for treatment at Devereux.

**Fundraising Activities:** We may use and disclose your health information in order to contact you for fundraising activities. If you do not want Devereux to contact you for fundraising, you may opt out at any time by calling (800) 345-1292 from 9 a.m. to 5:00 p.m. Eastern.

**As Required By Law:** We may use and disclose your health information when required to do so by federal, state or local law.

**Threat To Health Or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

**The following uses and disclosures will be made only with an authorization from you:** Most uses and disclosures of psychotherapy notes, the use of protected health information for marketing and research purposes, and the sale of protected health information. If authorization is given, it may later be revoked in writing.

### **CLIENT RIGHTS**

**Inspect and Copy:** You can ask to see or get an electronic or paper copy of your medical record or other health information we have about you. Usually, this includes medical and billing records, but does not include any psychotherapy notes. If you request copies, we may charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

**Amendment:** You have the right to request that we amend your health information.

**Request Restrictions:** You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.

**Request Confidential Communications:** You can ask us to contact you in a specific way. We will agree to all reasonable requests.

**Accounting:** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.

**Copy of this Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

### **COMPLAINTS**

- You can complain if you feel we have violated your rights by contacting the Corporate Privacy Officer at (407) 857-3491.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Questions about this notice should be directed to the Corporate Privacy Officer at (610) 542-3084 or [fwagner@devereux.org](mailto:fwagner@devereux.org)