

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.

This Notice of Privacy Practices is a summary of our Privacy Policy and describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also lists your rights pertaining to your health information. "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 or condition and related health care services.

An in depth description of your rights is available to you upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- 1) PHI may be used and disclosed by your counselor/therapist, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you AND, unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.
- 2) We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:
 - a) **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law
 - b) **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law.
 - c) **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect
 - d) **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative or in certain conditions in response by subpoena, discovery request, or other lawful process.
 - e) **Law Enforcement:** We may also disclose protected health information.
 - f) **Criminal Activity:** We may disclose your protected health information, 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.
 - g) **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities;
 - h) **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
- 3) Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time
- 4) Patients are notified that texting is not a HIPPA secure form of communication and any information contained in a text message might be viewed by someone other than the intended recipient.



YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- 1) You have the right to inspect and copy your protected health information.
- 2) You have the right to request a restriction of your protected health information.
- 3) You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- 4) You may have the right to have your counselor/therapist amend your protected health information.
- 5) You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- 6) You have the right to obtain a paper copy of our detailed Privacy Policy upon request.

COMPLAINTS

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us.

To make a complaint with EDTC please contact our Quality and Compliance Agent, Sharla Biefeld.

Phone: [505-266-6121 ext. 410](tel:505-266-6121)

Email: sharla@eatingdisordersabq.com

ACKNOWLEDGEMENT

I acknowledge that I have read and understand the aforementioned privacy practices of EDTC, LLC, and my rights to access and control my Private Health Information as described above.

Patient Name (printed)

Date

Patient (Parent/Guardian) Signature

Date