

# NOTICE OF PRIVACY PRACTICES

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**MY PRACTICE IS COMMITTED TO PROTECTING INFORMATION REGARDING YOUR MENTAL HEALTH TREATMENT. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## I. Uses and Disclosures of Information

Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services. *Under most circumstances, I will not share your PHI with anyone without your express permission.* However, this office is permitted by federal privacy laws to use and disclose your PHI for purposes of treatment, payment, and health care operations. **Although I am not required to seek specific authorization from you for such disclosures, I will do so under most circumstances.**

- I may disclose your health care information for **treatment**. For example, I may inform your primary care physician or psychotherapist of a medication I am prescribing for you.
- I may disclose your health information for **payment**. For example, I may submit a bill to your health insurer to receive payment for your care, usually your diagnosis and what care I provided. In this case, I will disclose only the minimum amount of PHI necessary for this purpose.
- I may disclose health information for **health care operations**. For example, I may use your PHI for quality assessment, training programs, credentialing, medical review, etc. I will share only the minimum amount of PHI necessary for necessary business associates to help my office.

## II. Disclosures not requiring authorization

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without authorization for the following additional purposes:

- **Abuse, neglect or domestic violence:** As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.
- **Appointment reminders and Other Health Services** I may disclose your PHI to remind you about an appointment or to inform you about treatment alternatives or other health related benefits and services that may be of interest to you, such as case management or care coordination.
- **Business associates** I may disclose PHI with business associates who are performing services on our behalf. For example, I may contract with a company to service and maintain my computer systems or to do billing. My business associates are obligated to safeguard your health information. I will share with our business associates only the minimum amount of PHI necessary for them to assist me.
- **Communicable diseases** To the extent authorized by law, I may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- **Coroners, medical examiners and funeral directors** I may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. I may also disclose health information to funeral directors to enable them to carry out their duties.
- **Food and Drug Administration** I may disclose your PHI to the FDA or an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.
- **Health oversight** I may disclose your PHI for oversight activities authorized by law or to an authorized health oversight agency to facilitate, auditing, inspection, or investigation related to our provision of health care, or the health care system.
- **Judicial or administrative proceedings** I may disclose your PHI in the course of a judicial or administrative proceeding, in accordance with my legal obligation.
- **Law enforcement** I may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, I may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness or make a report concerning a crime or suspected criminal conduct.
- **Personal representative** If you are an adult or emancipated minor, I may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care.
- **Public health activities** As required or permitted by law, I may disclose your PHI to a public health authority, for example, to report a disease or death.
- **Public safety** Consistent with my legal and ethical obligations, I may disclose your PHI based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.
- **Required by law** I may disclose your PHI as required by federal, state or other applicable law.
- **Specialized government functions** I may disclose your PHI for certain specialized government functions as authorized by law. This includes military command, determination of veteran's benefits, national security and intelligence activities, protection of the President and other officials, and the health, safety and security of correctional institutions.
- **Workers compensation** I may disclose health information about you for purposes related to workers compensation as required and authorized by law.

- **Serious threat** I may disclose your PHI to avert a serious threat to health or safety consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public.
- Other uses and disclosures will be made only with your written authorization and you may revoke that authorization in writing as below (see “your rights”).

**IV. Your rights**

Under law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction.
- Request that we communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a PO Box. I will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of the health information about you that is maintained in our files and the files of our business associates. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that I amend the health information about you that is maintained in my files and the files of my business associates. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing the decision. This statement will be added to your records.
- Request a list of disclosures of your health information. The list, known as the “accounting” of disclosures, will not include certain disclosures, such as those made for treatment, payment or health care operations. I will provide you the accounting free of charge. However, if you request more than one accounting in any 12 month period, I may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, “from May 1, 2003 to June 1, 2003”). I will be unable to provide you and accounting for any disclosures made before April 14, 2003, or for a period of longer than six years.
- Request a paper copy of this notice.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to my office, except to the extent information or action has already been taken.

In order to exercise any of your rights described above, you must submit your request in writing to me. If you have any questions about your rights, please speak with me in person or by phone during normal office hours.

**V. My responsibilities**

I will maintain the privacy of your health information as required by law; provide you with a notice as to our duties and privacy practices as to the information I collect and maintain about you; abide by the terms of this Notice; notify you if I cannot accommodate a requested restriction or request; and accommodate your reasonable requests regarding methods to communicate health information with you. I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend this Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of my “Notice” or by visiting my office by appointment and picking up a copy.

**VI. To Request Information or File a Complaint**

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by calling 1-800-368-1019; or by sending an email to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov). I cannot and will not make you waive your right to file a complaint as a condition of receiving care or penalize you for filing a complaint.

**VII. Revisions to this Notice**

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in this Notice, I will promptly distribute the revised Notice, post it in the waiting area(s) or my office and make copies available to my patients.

**VIII. Receipt of this Notice**

I have received a copy of this Notice of Privacy Practices.

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**Hand written signature required.**

Today’s Date

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Print Name

Date of Birth