



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.

Commitment to Your Privacy:

I am required by law to provide you with this notice that explains my privacy practices with regard to your medical information and how I may use and disclose your protected health information (PHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.

I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. You may request a copy of the most current Notice at any time.

If you have questions about this Notice, please contact:

Mayah Bischoff 9497 Riley Street Suite 245, Zeeland MI 49464

Uses and Disclosures of PHI:

The following categories describe the different ways in which I may use and disclose your PHI.

1. **Treatment.** I may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. I may also disclose your health information to other health care providers who may be treating you. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care. Additionally, we may

disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

2. **Payment.** I may use and disclose your PHI to bill and collect payment for the services I provide you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide you PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
3. **Health Care Operations.** I may use and disclose your PHI to support and operate my practice. For example, I may use your PHI to review and evaluate your treatment and services or to evaluate my performance while caring for you. In addition, I may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for my practice.
4. **Appointment Reminders.** I may use and disclose your PHI to contact you as a reminder about scheduled appointments or treatment.
5. **Treatment Alternatives.** I may use and disclose your PHI to tell you about or recommend possible alternative treatments or options that may be of interest to you.
6. **Others Involved in Your Care.** I may use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.
7. **As Required by Law.** I may use and disclose your PHI when required to by federal, state, or local law.

Use and Disclosure of PHI in Special Circumstances:

The following describe unique scenarios in which I may use or disclose your PHI

1. **Public Health Risk.** I may use and disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths,
 - Reporting child abuse or neglect,
 - Preventing or controlling disease, injury or disability,
 - Notifying a person regarding potential exposure to a communicable disease,
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
 - Reporting reactions to drugs or problems with products or devices,
 - Notifying individuals if a product or device they may be using has been recalled,
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, I will only disclose this information if the client agrees or I am required or authorized by law to disclose this information,
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** My practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil,

administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings.** My practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** I may release PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
 - Concerning a death we believe has resulted from criminal conduct,
 - Regarding criminal conduct at our offices,
 - In response to a warrant, summons, court order, subpoena or similar legal process,
 - To identify/locate a suspect, material witness, fugitive or missing person,
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Military.** My practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. **National Security.** My practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
7. **Inmates.** My practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or © to protect your health and safety or the health and safety of other individuals.
8. **Workers' Compensation.** My practice may release your PHI for workers' compensation and similar programs.

Your Rights Regarding Your PHI:

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

1. **Confidential Communications.** You have the right to request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

- 2. Requesting Restrictions.** You have the right to request a restriction in my use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in my use or disclosure of your PHI, you must make your request in writing to Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043. Your request must describe in a clear and concise fashion:

 - The information you wish restricted,
 - Whether you are requesting to limit my practice's use, disclosure or both,
 - To whom you want the limits to apply.
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043 in order to inspect and/or obtain a copy of your PHI. My practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. My practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by me will conduct reviews.
- 4. Amendment.** You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043. You must provide me with a reason that supports your request for amendment. My practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; © not part of the PHI which you would be permitted to inspect and copy; or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures.** All of my clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine client care in my practice is not required to be documented. For example, the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but my practice may charge you for additional lists within the same 12-month period. My practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

- 6. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of my notice of privacy practices. You may ask me to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with my practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Privacy Officer Information:

If you have any questions regarding my notice of privacy policies, complaints about my privacy practices, or need information on how to file a complaint, please contact Mayah Bischoff, 9497 Riley Street Suite 245 Zeeland, MI 49464 616-741-0043.