

Adamfopa Outpatient Psychiatry, PLLC

Notice of Privacy Practices (HIPAA)

Effective Date

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Responsibilities

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that may have compromised your information

How We May Use and Disclose Your Information

We may use and disclose your PHI without your authorization for the following purposes:

Treatment

To provide, coordinate, or manage your psychiatric care, including communication with other healthcare providers involved in your treatment.

Payment

To bill and collect payment from you, your insurance company, or a third party.

Healthcare Operations

For practice operations such as quality assessment, staff training, licensing, accreditation, and administrative activities.

Other Permitted or Required Uses

- When required by law
- For public health and safety purposes
- To prevent or lessen a serious and imminent threat to health or safety
- For health oversight activities
- For law enforcement purposes as required by law

Uses Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing purposes
- Sale of PHI
- Psychotherapy notes (with limited legal exceptions)

You may revoke authorization at any time in writing.

Your Rights Regarding Your Information

You have the right to:

- Request access to or a copy of your medical records
- Request corrections to your records
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive a list of certain disclosures
- Obtain a paper copy of this Notice, even if you received it electronically
- File a complaint if you believe your privacy rights have been violated

Filing a Complaint

You may file a complaint with Adamfopa Outpatient Psychiatry, PLLC, or the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Changes to This Notice

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain and will be available upon request or on our website.

Contact Information

Privacy Officer

Phone

Email

Acknowledgment of Receipt (Optional but Recommended)

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices.

Patient Name

Date

Patient Signature