

# **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