

DR. WANDA EPPES & ASSOCIATES

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.

1. **PURPOSE:** Dr. Wanda Eppes & Associates and its professional staff, employees, and trainees follow the privacy practices described in this Notice. Dr. Wanda Eppes & Associates keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.
2. **WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?** Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a psychotherapist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an ongoing process directed toward assuring the quality of Agency operations. Staff members designated by the Quality Improvement Committee may access clinical records periodically to verify that Agency standards are met.
3. **HOW WILL DR. WANDA EPPES & ASSOCIATES USE MY PROTECTED HEALTH INFORMATION?** Your personal mental health record will be retained by Dr. Wanda Eppes & Associates for approximately ten years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed they may be used, unless you request restrictions on a specific use or disclosure, for the following purposes: Appointment reminders; Notification when an appointment is canceled or rescheduled by the Center; As may be required by law; For public purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law); Mental health oversight activities, e.g., Audits, inspections or investigations of administration and management of Dr. Wanda Eppes & Associates; Lawsuits and disputes (We will attempt to provide you advance notice of subpoena before disclosing information from your record); Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the Counseling Center; when an emergency circumstances occur relating to a crime; To prevent a serious threat to health or safety; To carry out treatment and health care operations functions through transcription and billing services; To military command authorities you are a member of the armed forces or a member of a foreign military authority; National security and intelligence activities; Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations; Psychotherapy Notes that are kept separate from the medical record enjoy special protection; Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information; Protection of the President or other authorized persons of foreign heads of state, or to conduct special investigations; Alcohol and drug abuse information has special privacy protections. Dr. Wanda Eppes & Associates will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing; (ii) a court order requires disclosure of the information;

(iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conduction research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) only after the date of your written revocation.
5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.** You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided Dr. Wanda Eppes & Associates; Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.; Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted. Right to inspect a copy. You have the right to inspect and copy your mental health information regarding decisions about your care, however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by Dr. Wanda Eppes & Associates. Dr. Wanda Eppes & Associates will comply with the outcome of the review. Right to request clarification of the record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose and the form will require certain specific information. Dr. Wanda Eppes & Associates is not required to accept the information for that purpose. Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to personas or entities other than for treatment of health care operations in the last six (6) years, but not prior to April 14, 2003. Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may print out a copy of this notice from any clinical website we provide.
6. **REQUIREMENTS REGARDING THIS NOTICE.** Dr. Wanda Eppes & Associates is required to provide you with this Notice that governs our privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we may receive in the future. Any time you come in to Dr. Wanda Eppes & Associates for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.
7. **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with Dr. Wanda Eppes & Associates. You will not be penalized or retaliated against in any way for making a complaint.
8. **CONTACT:** Call Dr. Wanda Eppes & Associates and ask to speak to the person/official responsible for privacy. If you have a complaint; you have any questions about this notice; you wish to request restrictions on uses and disclosure for health care treatment or operations; or you may obtain any of the forms mentioned to exercise your individual rights described above.

My signature below indicates that I have read and understood the above and have been given a copy of these rights.

Patient signature _____ Date _____