



# R & R PSYCHIATRIC CARE

2680 S Val Vista Dr, Building 15 Suite 185, Gilbert, AZ 85295  
Office (480) 630-4434 Fax (480) 630-5285 www.rrowthness.org

## NOTICE OF HIPAA PRIVACY POLICY

This document contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. R & R Psychiatric Care, PLLC (Practice) protects the privacy of PHI, which also is protected from disclosure by state and federal law. This Notice describes our legal duties and privacy practices, and tells you how PHI may be used by Practice or disclosed to other parties. Below are categories describing these uses and disclosures.

**Your Protected Health Information.** We refer to your mental, behavioral, medical and other health care information as "protected health information" or "PHI". It may include information about your past, present or future physical or mental health or condition. PHI includes the past, present, or future payment for care. It also may include basic information like your birthdate. PHI information can be transmitted or maintained in any form or medium.

**Confidentiality of Your PHI.** Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Arizona laws. Except as described in this Notice, it is our policy to obtain your authorization before we disclose your PHI to another person or party. At any time, you can also sign a Release of Information to allow disclosure to other people or providers involved in your care, such as your primary care provider, therapist, OB/GYN, or other specialist.

**Confidentiality of Substance Use Records.** Information regarding substance use is confidential under separate legislation that allows further protection, even when other records may be disclosed, and this practice takes privacy regarding substance use very seriously. You will need to provide separate release of information before we disclose any records involving substance abuse unless there is a legal mandate for us to disclose these records. In addition, unless you are diverting medications or your substance use is causing you to be mentally or physically unable to safely practice under your professional certification, reporting is not required.

**Uses and Disclosures of Your PHI.** The HIPAA Privacy Regulations permit us to use and disclose your PHI for the following purposes in order to provide your treatment:

- 1) **For Treatment:** It is necessary for our clinicians and staff to use your PHI to care for you, and we may share it with other professionals who are treating you or involved in your care. This may include consultation with other healthcare providers, coordinating services such as lab work or other testing, or referring you to a provider.
- 2) **For Payment:** We will use and disclose your PHI to bill for services we provide you, and to obtain payment for the services provided to you – for example, to your health plan, to billing companies, to their business associates, or to other providers to whom you have requested referrals or services.
- 3) **For Health Care Operations:** We may use and disclose your PHI within the company in order to carry out our health care operations. For example, your PHI may be used for the following: business management and general administrative duties, compliance and risk management activities, quality assessment and improvement activities, medical, legal, and accounting reviews, business planning and development, licensing and training. These disclosures help make sure that Practice is complying with all applicable laws, are providing high quality care, and for efforts to improve the quality and effectiveness of the services we provide.
- 4) **Appointments and Services:** We may contact you to provide appointment reminders, arrange for billing and payment services, follow up on recommendations, or with information about treatment alternatives or other health related benefits that may be of interest to you.
- 5) **Family Members and Others Involved in Your Healthcare:** With your written approval, we may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your "personal representative"). The PHI shared with your personal representative will be directly relevant to your personal representative's involvement with your care or payment for services. If you are a minor, this includes your parents and/or caregivers.



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**Uses and Disclosures of Your PHI Requiring Authorization.** Practice may use or disclose PHI for purposes outside the reasons above when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances, we will obtain an authorization from you before releasing this information. Please contact our office staff or your provider to obtain a Release of Information form.

**Uses and Disclosure of Your PHI Not Requiring Consent or Authorization.** Exceptions to maintaining privacy occur under specific, limited circumstances. Under these circumstances, Practice may use and disclose PHI without your permission, consent, or authorization under the following circumstances:

- 1) **Help with Public Health and Safety:** Practice may disclose PHI to government officials in charge of collecting required information about births and deaths, preventing and controlling disease, or reactions to medications or product defects or problems. Practice may use and disclose PHI to law enforcement personnel or other appropriate person if there is a serious threat to anyone's health or safety. Also, the Practice is a mandated reporter to the Department of Child Safety and the Department of Adult Safety. While what you share during your appointment is confidential, if a situation occurs where a child or an elderly adult may be experiencing abuse or neglect, we have a professional duty to notify the appropriate department.
- 2) **For Emergency Situations and Other Health Requests:** In an emergency situation based on professional judgment, Practice may disclose PHI in order to protect the safety of individuals involved, including contacting emergency services and arranging for ambulance transport to a nearby hospital. If needed, we may also share PHI to organ procurement organizations or with a coroner, medical examiner, or funeral director if an individual dies.
- 3) **As Required by Law or Lawsuits:** Practice may use or disclose PHI when required by state or federal law, to report a crime, its location or victims, or when ordered to do so in response to a subpoena. If you are involved in a lawsuit or a dispute, Practice may disclose health information about you in response to a court subpoena. We will disclose only the minimum necessary to respond to the subpoena, and if permitted, we will notify you of the disclosure.
- 4) **To Address Workers' Compensation, Law Enforcement, or Other Government Requests:** We may share the minimum necessary PHI to respond to inquiries for workers' compensation claims, for law enforcement purposes or with a law enforcement official, for special government functions such as military, national security, and presidential protective services, or with health oversight agencies for activities authorized by law such as audits, inspections, or other activities necessary for monitoring the health care system, civil rights laws, and government programs.
- 5) **Disclosures to You or for HIPAA Compliance Investigations:** Practice may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Practice must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**Regulatory Requirements.** Practice is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Practice reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Practice makes an important change to its privacy policies, we will promptly revise this Notice and post a new Notice in the patient portal, on our website, and have a physical copy available for review in our office.

**Client Rights Regarding PHI.** As a client, you are entitled to the following client rights regarding your PHI:

- 1) **Right to Request Restriction:** You have the right to request a limitation or a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. You may also request that we limit the PHI we disclose to family members, friends or a personal representative who may be involved in your care. However, we are not required to agree to a restriction. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want us to limit our use, disclosure or both; and (c) to whom you want the limits to apply.



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- 2) **Right to Request Confidential Communication:** You have the right to request that communications of PHI to you from Practice be sent to you by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specific information. Please make this request in writing specifying how or where you wish to be contacted.
- 3) **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI contained in our records and created by our staff by making a request in writing. However, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. Within thirty (30) days of receiving your request, Practice will inform you of the extent to which your request has or has not been granted. In some cases, Practice may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Practice may impose a reasonable fee to cover copying, postage, and related costs. You may be denied access to your PHI if it was obtained from a person under a promise of confidentiality, or if disclosure is likely to endanger the life and physical safety of you or another person. If Practice denies access to your PHI, it will explain the basis for denial; a decision to deny access may be reviewed. If Practice does not maintain the PHI you request, we will tell you how to redirect your request if we know where that PHI is located.
- 4) **Right to Amend:** If you believe that your PHI maintained by Practice contains an error or needs to be updated, you have certain rights. If you are receiving mental health services, you have the right to submit a written statement qualifying or rebutting information in our records that you believe is erroneous or misleading. This statement will accompany any disclosure of your records. You also have the right under the HIPAA Privacy Regulations to request an amendment of the PHI maintained in our records. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Practice generally can deny your request if your request relates to PHI: (i) that is not created by Practice; (ii) that is not part of the records Practice maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete.
- 5) **Right to Receive an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" which is a list of the disclosures we have made of PHI about you. We are not required to account for disclosures related to (i) anything for which you have provided a written authorization or release of information; (ii) for treatment, payment, and health care operations; (iii) made to you or to family members or your personal representatives involved in your care; (iv) for persons within the Practice involved in your health care; or (v) to correctional institutions or law enforcement officials.
- 6) **Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice upon request.
- 7) **Right to Restrict Health Plan Disclosures:** You have the right to restrict disclosures of PHI to health plans if you have paid for services out of pocket in full.

**Complaints.** If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, please contact our office in writing about your complaint and we will respond within thirty (30) days.

**Changes To This Notice:** We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of the new notice on our website. The notice will contain the effective date on the bottom of each page.