

ANCHORED THERAPY LLC 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.

If you have any questions about this Notice, please contact Dr. Hull at 505-633-0643 or through the secure patient portal.

1. Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

DEFINITIONS

Protected Health Information (PHI)- information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Treatment- providing, coordinating, and managing your health care and other services related to your health care. For example, consultation with other providers for whom you have given Dr. Hull a Release of Information would be considered part of treatment.

Payment- refers to the various activities of health care providers to obtain payment or reimbursement for your healthcare. For example, PHI could be disclosed to your health insurer to determine eligibility or coverage and to obtain reimbursement.

Health Care Operations- certain administrative, financial, legal, and quality improvement activities necessary to run the practice. Examples include audits and administrative services, and case management and care coordination.

By signing the Anchored Therapy LLC Treatment Agreement, you indicate that you understand and consent to the permitted uses and disclosures of your PHI for treatment, payment, and health care operations as described above.

2. Uses and Disclosures Requiring Your Written Authorization

Uses and disclosures of your PHI for purposes outside of treatment, payment, and health care operations will be made only with your written authorization. You may revoke all authorizations at any time in writing, with the exception of information that has already been released in response to that authorization.

3. Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be disclosed without your consent or authorization in the following circumstances:

Harm to Yourself or Others

If Dr. Hull believes that disclosure of confidential information is necessary to protect against a substantial and imminent risk of harm to yourself or to another person, your PHI will be disclosed to relevant others (e.g. emergency medical personnel, police, family members) to assist in assuring the safety of all involved.

Suspected Abuse, Neglect, or Exploitation of Children and Incapacitated Adults

If Dr. Hull receives information from you that causes her to suspect abuse, neglect, or exploitation of children or incapacitated adults, she will report this to the appropriate authorities as required by law.

Legal Proceedings

Your PHI may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

4. Your Rights. You Have the Right to

Inspect and Copy Your PHI

You may inspect and obtain a copy of your PHI for as long as your PHI is maintained in the record. Your access to PHI may be restricted or denied under certain circumstances.

Request a Restriction of Your PHI

You may request restrictions on certain uses and disclosures of protected health information about you. However, Dr. Hull is not required to agree to a restriction that you request.

Have Your PHI Amended

You may, in writing, request an amendment of your PHI for as long as the PHI is maintained in the record. In certain cases, your amendment request may be denied.

Receive an Accounting of Certain Disclosures

You may request an accounting of any disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. One such report per calendar year will be made available to you, on your written request, at no charge. Additional reports within a given calendar year will be a billable service.

5. Questions and Complaints

If you have questions about this notice, disagree with a decision about access to your records, or have other concerns about your privacy rights, you may contact Dr. Hull at (505) 633-0643

You may complain to Dr. Hull or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Dr. Hull by notifying her in writing. She will not retaliate against you for filing a complaint.