

**Patient Copy**  
**Psychological Health-Roanoke, pc**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all records of your care generated by a provider of Psychological Health-Roanoke.

**Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe examples of the way we use and disclose health information:

**For Treatment:**

We may use health information about you to provide treatment or services and continuity of care with other healthcare providers.

**For Payment:**

We may use and disclose health information about your treatment and services to bill and collect payment from you, or a third party payer. We may also tell your health plan about treatment you are going to receive to determine whether your plan will pay.

**For Health Care Operations:**

- To remind you that you have an appointment for medical care
- To tell you about health-related benefits or services

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

**Future Communications:**

We may communicate to you via newsletters, mail outs or other means regarding treatment options and health related information.

**Law Enforcement/Legal Proceedings:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Psychological Health- Roanoke you have the **RIGHT TO:**

**Inspect and Copy:**

You have the right to inspect and obtain a copy of the health information used to make decisions about your care. We may deny your request to inspect and copy in certain circumstances. If you are denied access you may request that the denial be reviewed. Another licensed health care professional chosen by Psychological Health-Roanoke will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:**

If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Psychological Health-Roanoke. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

### **An Accounting of Disclosures:**

You have the right to request an accounting of disclosures. This pertains to disclosures we make of your health information for purposes other than treatment where an authorization was not required.

### **Request Restrictions:**

You have the right to request a restriction or limitation on the health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

### **Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. Psychological Health-Roanoke will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services and related correspondence. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

### **A Paper Copy of This Notice:**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.**

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Psychological Health-Roanoke. You may also file a complaint with the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that provided to you.