

Mind to Mindful

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.)**

Mind to Mindful provides various mental health services. The treating professional must collect information about you to provide these services. We call this information “protected health information” (PHI). The treating professional knows that information collected about you and your health is private. This treating professional is required to protect this information by Federal and State law.

This Notice of Privacy Practices will tell you how Mind to Mindful may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. We are required to follow the terms of the notice currently in effect.

The Treatment Provider May Use and Disclose Information Without Your Specific Authorization for the following reasons:

- * **For Payment.** The treating professional may use or disclose information to get payment or to pay for the health care services you receive. For example, the professional may provide PHI to your health plan for health care services provided to you.
- * **For Health Care Operations.** The treating professional may use or disclose information in order to manage its services. For example, the professional may use PHI to review the quality or appropriateness of services you receive with your funding source (insurance company).
- * **Appointments and Other Health Information.** The treating professional may send you reminders for appointments or meetings.
- * **To Avoid Harm.** The treating professional may disclose PHI, as required and permitted by law, in order to avoid a serious threat to the health and safety of a person or the public.
- * **Disclosures to Others.** The treating professional may disclose information to your family or other persons who are already identified as being involved in your medical care. You have the right to object to the sharing of this information.

Your PHI Privacy Rights

Other Uses and Disclosures Require Your Written Authorization

For other situations, the treating professional will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Any uses or disclosures already made with your authorization cannot be undone or revoked.

- * **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must put the request in writing. You may be charged a fee for the cost of copying your records. Mind to Mindful may refuse or limit this right if we believe it may cause harm. The treating professional may deny your request to look at, copy or change your records. If the treating professional denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial.
- * **Right to Request to Correct or Update Your Records.** You may ask the treating professional to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request. The treating professional has the right to refuse this request.
- * **Right to Get a List of Disclosures.** You have the right to ask your treating professional for a list of disclosures of your PHI made after April 14, 2003. You must make the request in writing. This list will not include the time that information was disclosed for treatment, payment, or health care operations. The list may not include information provided directly to you or your family or information that was sent with your authorization.
- * **Right to Request limits on Uses or Disclosures of PHI.** You have the right to ask that the treating professional limit how your information is used or disclosed. You must make the request in writing and tell the treating professional what information you want to limit and to whom you want the limits to apply. The treating professional is not required to agree to the restriction. You can also request in writing or verbally that the restrictions be terminated.
- * **Right to Revoke Permission.** If you sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the cancellation in writing. This will not affect information that has already been disclosed.
- * **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how the treating professional has used or disclosed information about you.

- * **Right to Get a Paper Copy of this Notice.** You have the right to ask for a copy of this notice at any time.

How to contact Mind to Mindful to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact your treatment provider at the address listed at the end of this notice, in order to:

- * Ask to look at or copy your records.
- * Ask to correct or change your records.
- * Ask to limit how information about you is disclosed.
- * Ask for a list of the dates on which information was disclosed about you.
- * Ask to cancel your authorization of disclosure.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how your treating professional has used or disclosed information about you. Your benefits and treatment will not be affected by any complaints you make. Your treating professional cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Mind to Mindful

Doug Wood
Privacy Contact
Phone: 1-855-500-6463

Office for Civil Rights

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr

Notification Regarding Privacy Practices

I, _____, have read, understood and received a copy of the Privacy Practices, regarding public health information.

Date: _____