



ANNIE GRUMMEL WARD

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP)

Effective Date: 1/1/2012

HIPAA Notice of Privacy Practices

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice describes the information privacy practices followed by Annie Ward, PMHNP.

Your Mental Health Information

This notice applies to the information and records I have about your mental health and the mental health care and services you receive at this office. The mental health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your mental health history, status, symptoms, sessions, test or lab results, diagnoses, treatments, evaluations, procedures, prescriptions, related billing activity, and similar types of health-related information.

This Notice of Privacy Practices is being provided to you as a requirement of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It will tell you about the ways in which I may use and disclose mental health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

How I May Use and Disclose Mental Health Information About You

I may use and disclose mental health information for the following purposes:

- **For Treatment:** I may use mental health information about you to provide clinical treatment or services. I may disclose mental health information about you to office staff, your referring physician, therapist, pharmacist, lab, or other personnel who are involved in taking care of you or your health. My office policy is that typically I only release records which I have generated. This means that I will not typically re-release information (medical, alcohol and drug and/or mental health records) created by professionals outside of our office

For example, I may consult with your primary care doctor about medications I may be prescribing so that the primary care doctor can help determine the most appropriate care.

- **For Payment:** I may use and disclose mental health information about you so that the treatment and services received at my office may be billed to and payment may be collected from you, an insurance company, or a third party. This information includes demographics, diagnosis, date, and type of service.

For example, I may need to give the health plan information about a service you received here so the health plan will pay us or make reimbursement for the service. I may also tell the health plan about a treatment you are going to receive or a medication that is being prescribed to obtain prior approval or to determine whether the plan will cover the treatment.

- **For Health Care Operations:** I may disclose your mental health information to health plans that provide insurance coverage and other health care providers that care of you. Disclosures of your mental health information to plans and other providers may be for the purpose of



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helping these plans and providers improve care, reduce cost, coordinate and manage care and services, train staff, and comply with the law.

SPECIAL SITUATIONS

I may use or disclose mental health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **Court Requests:** I will disclose mental health information about you when required to comply with court requests for information.
- **Child Abuse Reporting:** I will disclose mental health information about you to comply with state guidelines regarding reporting of child abuse.
- **Adult and Domestic Abuse:** If there is an elder abuse or domestic violence investigation, I may be compelled to turn over your relevant records.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and I must not release your information without written authorization by you or your personal or legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include any past complaints or treatment of a condition similar to that in the complaint.
- **Mental Health Oversight Activities:** I may disclose mental health information to a mental health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the mental health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, I may disclose mental health information in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose mental health information about you in response to a subpoena.
- **Law Enforcement:** I may release mental health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.



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- **Information Not Personally Identifiable:** I may use or disclose mental health information about you in a way that does not personally identify you or does not reveal the identity of you.
- **Family and Friends:** I may disclose mental health information about you to immediate family members or friends who are involved in care taking of you/your child if I obtain your verbal or written agreement.

OTHER USES AND DISCLOSURES OF MENTAL HEALTH INFORMATION

I will not use or disclose your mental health information for any purpose other than those identified in the previous sections without specific, written *authorization*. If you give *authorization* to use or disclose mental health information, that *authorization* may be revoked, **in writing**, at any time. If you revoke the *authorization*, I will no longer use or disclose information about you for the reasons covered by the written *authorization*, but I cannot take back any uses or disclosures already made with permission. In addition, our office policy is that typically I only release records which I have generated. This means that I will not typically re-release information (medical, alcohol and drug and/or mental health records) created by professionals outside of my office

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION

You have the following rights regarding mental health information I maintain:

- **Right to Inspect and Copy:** You have the right to inspect and copy your mental health information, such as medical and billing records, that I use to make decisions about care. A written request must be submitted to Annie Grummel, LLC in order to inspect and/or copy the mental health information. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other associated supplies.

I may deny the request to inspect and/or copy the mental health information in certain circumstances. If you are denied access to the mental health information, you may ask that the denial be reviewed. If law requires such a review, I will select a licensed mental health care professional to review the request and our denial. The person conducting the review will not be the person who denied the request, and I will comply with the outcome of the review.

- **Right to Amend:** If you believe the mental health information, I have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information.

To request an amendment, please submit a request in writing.

I may deny the request for an amendment if it is not **in writing** or does not include a reason to support the request. In addition, I may deny the request if you ask me to amend information that:

- I did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the mental health information that I keep
- You would not be permitted to inspect and copy
- Is accurate and complete



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- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures I made of mental health information for purposes other than treatment, payment and health care operations. To obtain this list, submit the request **in writing** to Annie Grummel Ward, PMHNP. It must state a period, which may not be longer than six years. The first list requested within a 12-month period will be free. For additional lists, I may charge for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify the request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the mental health information I use or disclose about you for treatment, payment, or mental health care operations. You also have the right to request a limit on the mental health information I disclose to someone who is involved in direct care or the payment for it, like a family member of a friend. For example, you could ask that I not use or disclose information about a lab test.

I am not required to agree to your request. If I do agree, I will comply with the request unless the information is needed to provide you emergency treatment or I am required by law to use or disclose the information.

To request restrictions, please submit this request in writing.

- **Right to Request Confidential Communications:** You have the right to request that I communicate about mental health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

To request confidential communications, you may submit a request in writing. I will not ask the reason for the request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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

CHANGES TO THIS NOTICE

I reserve the right to change this notice and to make the revised or changed notice effective for mental health information I already have about you, as well as any information I receive in the future. I will post a summary of the current notice in the office with its effective date on the top right-hand corner. You are entitled to a copy of the notice currently in effect.

VIRTUAL CORRESPONDENCE

Anywhere that states that you make a request in writing may be done through email in addition to hard copy.

COMPLAINTS

If you believe privacy rights have been violated, you may file a complaint with myself or with the Secretary of the Department of Health and Human Services. To file a complaint with my office, please contact Annie Grummel Ward, PMHNP. You will not be penalized for filing a complaint.