



NEUMIND CLINIC

NOTICE OF PRIVACY PRACTICES OF RM PSYCHIATRY, LLC

Your healthcare information is private and confidential. Our ethics and policies require that your information be kept in strict confidence. We protect your information. We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases and compliance audits. Within our practice, access to your information is limited to those who need it to perform their job. RM PSYCHIATRY, LLC has policies and procedures to keep staff members trained in protecting your (PHI) protected health information. This information is encrypted so that it cannot be accessed without proper authorization.

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please read it carefully

UNDERSTANDING YOUR HEALTH INFORMATION AND MEDICAL RECORD

Each time you visit our facility, we document information about your (PHI) protected health information, into our (EHR) electronic health record. Typically, this record is referred to as your medical record and contains your name, symptoms, health history and exam, test results, diagnosis, treatment given and a plan for future care or treatment. This medical record is used to plan your care and treatment and be a source of your health information described below.

YOUR HEALTH INFORMATION RIGHTS

Your electronic medical record is the physical property of RM PSYCHIATRY, LLC, however the information within your medical record belongs to you. Federal and Illinois Laws provide you with the following rights regarding your health information that is contained in the electronic medical record that RM PSYCHIATRY, LLC, keeps about you.

- Right to obtain a copy of this Notice of Privacy Practices.
- Right to request certain restrictions on the use and disclosure of your health information.
- Right to request an amendment to your health record if you believe it contains an error.
- Right to obtain a list of all the people and companies to which RM PSYCHIATRY, LLC releases your health information.
- Right to request that we communicate with you about your health care at a confidential phone number and address.
- Right to revoke your written consent/authorization to use or disclose your health information required by law.



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RM PSYCHIATRY, LLC'S RESPONSIBILITIES ARE TO

- Maintain the privacy of your health information required by law.
- Provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you if we are unable to agree to your requested restriction on disclosure of your health information.
- Agree to reasonable requests to communicate your health information by an alternative method or at an alternative location.

We reserve the right to change our privacy practices and to use a new Notice of Privacy Practices for all health information we maintain about you and our other patients. If RM PSYCHIATRY, LLC changes its practices, a new Notice of Privacy Practices will be available at your request, it is also posted on our website, www.neumindclinic.org

RELEASE AUTHORIZATION

Written authorization is required from you for release of your PHI including any psychotherapy notes. RM PSYCHIATRY, LLC, does not disclose or sell PHI for marketing purposes.

RESTRICTING INFORMATION RELEASES

If you pay for a service in full out of pocket, you can request proof that the office did not disclose any information about that service to an insurance company. The request must be in writing and must identify what information is restricted and what insurance company is not to receive it.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

RM PSYCHIATRY, LLC will use and disclose your health information contained in the medical record to give you treatment, obtain payment for your treatment and operate our healthcare business.

EXAMPLES OF HOW YOUR HEALTH INFORMATION WILL BE USED AND DISCLOSED FROM TREATMENT, PAYMENT AND OPERATIONS.

We will use your health information for treatment the following ways:

For example: Your healthcare provider, or a member of our team, will collect and document information about you in your medical record. We may disclose information to a physician or other healthcare provider who will be assuming your care, for immediate continuity of care. This health information will be used to choose the treatment they believe is best for you.

For example: We will send a bill that includes some of your health information to the person responsible for the bill and your third-party payer (such as your health insurance company). In some instances, we may need to send a copy or part or all your medical record to your third-party payer. The types of information we will send includes your name, other identifying information, diagnosis, procedures performed, and supplies provided during your treatment.

For example: Physicians and quality improvement professionals will use your health information to review the treatment you received and its outcomes. They may also compare your treatment and outcomes to those of other



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patients like you. We compare cases to help us continually improve the quality and effectiveness of our healthcare services.

By signing this contract, you are acknowledging that you understand your patient rights and provider's duties.

Date: _____ Client's Name: _____

Signature of Client or Responsible Party: _____



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OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

Upon receipt of your written authorization to use and/or disclose your health information. We will use and/or disclose your health information to those persons or companies for which you give us your written authorization or permission to do so. If you authorize us to use or disclose your information, you must complete our Release of Health Information form. You may revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information as you previously authorized. If your health information includes Highly Confidential Information, we may only use and disclose such information for treatment, payment and operations as described above. Otherwise, unless a disclosure is allowed or required by federal or Illinois law, you must give us your written authorization to disclose your Highly Confidential. A person who can verify your identity must witness and co-sign an Authorization to Release Health Information form about treatment for mental illness or developmental disability.

RM PSYCHIATRY, LLC may, without your written authorization, release your health information for the purpose described below.

Business Associates: We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to those persons or companies as our Business Associates. Examples of Business Associates are organizations that collect information about patients that have been treated with similar problems, such as cancer. These organizations list the information in registry directories that help physicians throughout our Business Associates so that they can do the job we have contracted them to do. We require that they use appropriate safeguards to ensure the privacy of your health information.

Health Oversight Activities and Specialized Government Functions.

We may disclose your health information to an agency that oversees healthcare systems and ensures compliance with the rules of government health programs, under certain circumstances to the U.S. military or U.S. Department of State.

Law Enforcement Officials, Medical Examiners and coroners and court Administrative Orders.

We may disclose your health information to the police, other law enforcement officials, medical examiners and coroners, funeral homes and to the courts or administrative proceedings as allowed or required by law or required by a court order or other legal process.

Notification and Other Communication with Your Relatives, Close Friends, or caregivers.

You or your legal representative must tell your physician, or member of our staff, which of your relatives or other persons may receive information about you. After learning who these persons are, we may, in our best judgment, use and disclose your health information, except for the Highly Confidential Information, to notify these persons of what they need to know to care for you. In an emergency or other situation where you are not able to identify your chosen persons to receive communications about you, we may exercise our professional judgment to determine where such a disclosure is in your best interest.

Public Health Activities

We may report your identity and other health information to: public authorities for the purpose of controlling disease, injury or disability; to the US Food and Drug Administration for regulating certain products or activities; to governmental authorities about suspected or known child abuse and neglect, elder adult abuse and neglect, or



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domestic violence; governmental agencies as required by federal and state laws regarding work-related illness or injury; to prevent or lessen a serious or imminent threat to a person's or the public's health or safety; or to a public or private entity that is authorized to assist in disaster relief efforts.

Workers Compensation

We may disclose your health information as allowed or required by Illinois law relating to workers' compensation or to other similar programs.

Other Communications with you after you are discharged.

We may contact you to remind you of appointments with your physician or other members of our healthcare team. We may contact you by phone, patient portal or mail with results of any tests performed in our office or at a facility where they send us a copy of those results. We will contact you with the information that you have specifically given to us. We will not leave any sort of test results on answering machines, however, we will leave our name and number and indicate that we are contacting you to give you results.

FUNDRAISING AND MARKETING

You can opt out of receiving fundraising communications from the office. RM PSYCHIATRY, LLC does not participate in any fundraising or marketing activities where your health information will be given. Federal law does not allow us to omit this notice as part of our Privacy Practice, although it does allow us to inform you that we will not participate in fundraising or marketing. The only marketing material you may receive will be from our own office for events we may be hosting here at RM PSYCHIATRY, LLC or Newsletters that we may send out to our database.

BREACH NOTIFICATION

RM PSYCHIATRY, LLC has systems in place to prevent breaches. In the unlikely event of a security breach, all parties will be notified as soon as possible via telephone and certified mail.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with RM PSYCHIATRY, LLC, Director of the office of Civil Rights (OCR) or the US Secretary of Health and Human Services (HHS). We will not retaliate against you if you file a complaint with us or the Directors of the OCR of HHS.

If you would like to report a Privacy Problem or want information, please contact: Dr. Singh at rsingh@neumindclinic.org