

## **Freedom Mental Health Associates NOTICE OF PRIVACY PRACTICES**

This notice describes the privacy practices of Donna Carmosky, MD, PLLC, d/b/a Freedom Mental Health Associates ("FMHA"). The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

FMHA is required by law to maintain the privacy of protected health information. We are also required by law to provide you with this notice telling you about our legal duties and privacy practices with respect to protected health information.

### How We May Use and Disclose Health Information About You to Other People

**When we have your written permission.** If you give us written permission to use or disclose your health information to someone else, we will use or disclose it according to your instructions. You may revoke your permission, in writing, at any time, except to the extent that we have already used or disclosed the information that you gave us permission to use or disclose.

**When we do not have your written permission.** Sometimes we will disclose information without your permission. In each of these cases, we will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

Any time we disclose information without your permission to anyone except employees of FMHA, a community services board or other providers, we will place in your medical record a written notation of the information we disclosed, the name of the person who received the information, the purpose of the disclosure, and the date of disclosure. We will also let you know in writing about the disclosure, including the name of each person who received the information and the nature of the information. We will do this before the disclosure or, in an emergency, as soon as we can afterwards.

If the disclosure is not required by law, we will give strong consideration to any objections from you in making the decision to release information.

Before we disclose information to anyone, we will verify the identity and authority of the person receiving the information.

The following categories describe different ways that we may use and disclose health information about you without your written permission. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information without your permission will fall within one of these categories.

**To find someone to make decisions on your behalf.** If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you (called a "legally authorized representative" or "**LAR**"). Before we disclose any information, we must determine that disclosure is in your best interests.

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**Treatment.** We may use health information about you to provide you with medical and mental health treatment or services, and we may disclose this information to other health care providers to help them treat you. For example:

We may disclose health information about you to doctors, therapists, treatment workforce members, or other personnel who are involved in your treatment here or at other facilities, such as partial hospitalization programs, inpatient facilities, intensive outpatient programs, community services boards or to other providers, health information they may need to prescreen you for services or to prepare and carry out your individualized services or discharge plan.

**Payment.** We may use and disclose health information about you so that we can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. We have to follow Virginia law that limits the amount of health information we can disclose about you. For example, we may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier. The information we send to an insurer may include your name; the date(s) you were seen in this office; the date you became ill; the date you ended treatment at this office; your diagnosis; a brief description of the type and number of services we provided you; your status; and your relationship to the person who has agreed to pay your bills.

**Health Care Operations.** We may use and disclose health information about you to operate the office and to make sure that all patients of this office receive quality care. For example, we may disclose information to physicians and other treatment professionals so that they can review and make suggestions about your care or so they can learn something new about treatment.

**Business Associates.** Certain services are provided to FMHA by third parties referred to as “business associates”. For example, FMHA may input information about you and your health care treatment into an electronic medical record and/or an electronic claims processing system maintained by one or more business associates. We may disclose information about you, including your health information, to these business associates so that they can perform the job we have asked them to do. However, we will require these business associates, through agreement, to appropriately safeguard your health information.

**Required by Law.** We will disclose health information about you when we are required to do so by a federal, state, or local law or regulation.

**Public Safety.** If we disclose your information when necessary when we believe that you pose a serious threat to your health and safety, or the health and safety of the public or another person, and in such events, we may communicate those facts necessary to prevent or lessen the potential threat.

**Public Health.** As authorized by law, we will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability

**Organ and Tissue Donation.** We may release health information to organizations that handle organ procurement, as permitted by law.

**Workers’ Compensation.** We may release health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent we are required to do so to comply with, law.

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**Food and Drug Administration (FDA).** We may disclose information about you to the FDA as necessary for product recalls, withdrawals, and other problems with a product; to track products; or to report adverse events, product defects, or other problems with products.

**Health Oversight Agencies.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to coroners, medical examiners, or funeral directors, as authorized by law.

**National Security, Intelligence Activities and Protective Services for the President.** We may disclose health information facilitate specified government functions related to (1) intelligence, counterintelligence and other national security activities authorized by law, (2) the provision of protective services to the President of the United States, member of the U.S. government or foreign heads of state, or to conduct special investigations, and (3) correctional institutions and other law enforcement custodial situations.

**Correctional Institutions and Other Law Enforcement Custodial Situations.** We may disclose health information to a correctional institution if it is necessary for your care or if the disclosure is required by state or federal law.

**Judicial and Administrative Proceedings.** When a court orders us to disclose health information, we will disclose the information that the court orders. We will also disclose health information in response to a subpoena that meets the requirements of Virginia or federal law.

**Law Enforcement Officials.** We may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.

**Research.** We may disclose aggregate health information to researchers, when this information does not identify you or any other person or when research has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.

**Victims of Abuse and Neglect.** We may, under certain circumstances, report and disclose your information if we believe that you are a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

**Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on the authorization.**

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**Your Rights Regarding Health Information About You**

You have the following rights regarding the health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your health information that we maintain about you as allowed by state and federal law, but not including psychotherapy notes. If you request a copy of your information, we may charge a fee for copying, labor, supplies and mailing.

We may deny your request in certain circumstances. Generally, if you are denied access to your health information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that health information that we have about you is incorrect or incomplete, you may ask us to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for us.

**We may deny your request to amend information that:**

Was not created by us;

Is not part of the health information kept by or for us;

Is not part of the information that you would be permitted to inspect and copy; or

Is accurate and complete.

If your request is denied, you have the right to ask us to put a statement of disagreement in your record.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of the disclosures that we have made of your health information. This is a list of disclosures we have made to others, except those necessary to carry out health care treatment, payment, or operations, disclosures made to employees of this office, disclosures made to you or in certain other situations.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to:

Freedom Mental Health Associates  
Attention: Privacy Officer  
15100 Washington Street  
Haymarket, VA 20169  
703-454-3984

In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply

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**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specified address.

To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will make every attempt to accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** Upon your request, 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 obtain a paper copy of this notice, you may write to our Privacy Officer at the address below.

**We are required to abide by all of the terms of the Notice of Privacy Practices currently in effect.**

**We reserve the right to change the terms of this Notice** and to make the new notice provisions effective for all protected health information we maintain. If our notice changes, a revised notice will be available in this office.

**If you believe your privacy rights have been violated**, you may file a written complaint by contacting our Privacy Officer at the address below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 18 days of when the act or omission complained of occurred.

**No one will retaliate against you for filing a complaint.**

If you have any questions about this notice, please contact:

Freedom Mental Health Associates  
Attention: Privacy Officer  
15100 Washington Street  
Haymarket, VA 20169  
703-454-3984

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have been provided a copy of the Notice of Privacy Practices of Donna Carmosky, MD, PLLC, d/b/a Freedom Mental Health Associates (the “**Notice**”).

I understand that the Notice may be changed at any time.

I understand that I may get a new copy of the Notice by requesting one in writing to the Privacy Officer at the below address or requesting one at FMHA’s office:

Freedom Mental Health Associates  
Attention: Privacy Officer  
15100 Washington Street  
Haymarket, VA 20169

Signature of Individual or Legally Authorized Representative:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_