
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

As a psychiatric and psychological practice we have always been held to the highest standards with regards to patient confidentiality. The new federal regulations concerning patient confidentiality and security have been easy for us to implement. There are a few things we are required to do now. We must post a list of your rights and our pledge to be compliant with government standards. We must give you a list of your confidentiality rights and ask that you read them (this is what you are holding now). We must ask you to sign your name as evidence that you have been informed of these rights. We must make it clear that we can not withhold treatment if you refuse to sign the document.

Uses and Disclosures: We will use and disclose elements of your Protected Health Information (PHI) in the following ways without your signed authorization:

1. When you see multiple providers within our group, your PHI will be forwarded to those providers to ensure continuity of care.
2. If doctors outside our group are covering for doctors in our group, your PHI (if needed) will be forwarded to that doctor to ensure continuity of care. For example: if you request a refill, have a medical emergency, asking the covering doctor to return your phone call, etc., your PHI may be forwarded to that doctor.
3. If you are in an emergency room and your PHI is needed to assist in your care, your PHI will be forwarded to the emergency room doctor.
4. In emergency situations or to avert serious health/safety situations.
5. When release is required by law, including judicial settings, health oversight regulatory agencies and law enforcement.
6. To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
7. To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
8. To the sponsor of your health plan.
9. For payment of services from insurance companies we are required to submit some portions of your PHI.
10. For payment of services that are sent to collection agencies we are required to submit some portions of your PHI.
11. We submit our billing through a billing agency and clearinghouse. Some portions of your PHI are sent so health insurance plans will pay for the services you received.

You have the following rights concerning your protected health information:

1. To request restrictions regarding the uses and disclosures of your protected health information. This request must be in writing. While you have the right to request restrictions, Gateway Psychiatric Group, LLC does not have to agree to the restrictions.
2. To request alternative means to receive confidential communications. The request must be in writing. We may require a patient to provide information on how the patient will handle payment for this service.
3. To request amendment of protected health information. This request must be in writing. For example: address change, phone number change, marital status, insurance coverage, inaccurate listing of medication, an incorrect or a change in primary care physician. We may deny access to patients for the following reasons:
 - a. PHI consist of psychotherapy notes
 - b. PHI is compiled in reasonable anticipation of litigation
 - c. PHI is maintained for CLIA Compliance
 - d. Request for access to PHI is from a prison inmate
 - e. PHI was created or obtained for current research
 - f. PHI is obtained from a non-healthcare provider under a promise of confidentiality
 - g. Release of PHI is reasonably likely to endanger the safety of the individual
 - h. PHI references another person that may result in harm to such person
 - i. PHI has been requested by a personal representative of the individual and release may result in harm to such person.
4. To request an accounting of disclosures of protected health information. This request must be in writing. The written account will provide: the date of the disclosure, the name of the entity receiving the PHI, a brief description of the disclosure. Gateway Psychiatric Group, LLC does not have to account for disclosures when:
 - a. Disclosure made to carry out treatment, payment or health care operations
 - b. Disclosure made to patients of their own PHI
 - c. Disclosure made pursuant to a patient's authorization
 - d. Incidental disclosures to an otherwise permitted use (i.e., conversations of PHI)
 - e. Disclosure made to family or others involved in a patient's care
 - f. Disclosure made for national security or intelligence purposes
 - g. Disclosure made to correctional institutions or law enforcement regarding inmates
 - h. Disclosures occurring before April 14, 2003
 - i. Disclosures made in law enforcement or health oversight agencies when such officials have made a request to suspend an accounting.