

PRIVACY NOTICE

Our Pledge Regarding Private Health Information (PHI) 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). This notice describes how Coastal Medical and Psychiatric Services may use and disclose medical information about you to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition. As required by law, we will only use or disclose your PHI in ways consistent with what is stated in your Privacy Notice. We reserve the right to change the terms of this Privacy Notice and to notify you of a new Privacy Notice effective for all PHI we maintain. In the event of a change to our Privacy Notice, we will provide you with the Privacy Notice upon request.

How We May Use and Disclose Privacy Information to You

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and give examples if possible. Not all categories are able to be listed however all of the ways we use information and disclose information fall within one of these categories.

For Treatment: We may use and disclose your PHI for purposes necessary to provide your treatment. We do not need your permission, written or otherwise, to do this. We may disclose PHI about you to doctors, nurses, technicians or other healthcare personnel and providers who are involved in taking care of you. For example, lab results or procedures will be available in your record and available to health professionals who are providing treatment.

For Payment: We may use and disclose PHI about you so that treatment and services may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give you your health plan information on date of services, the services provided, and the medical condition being treated to your insurance company.

For Health Care Operations: We may use and disclose PHI about you for healthcare operations. These uses and disclosures are necessary to run our office and make sure that all individuals receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the care you are receiving through our providers and in our office.

Treatment Alternatives: We may use and disclose PHI to tell you about or recommend possible treatment options or alternative health related benefits or services that may be of interest to you.

Individuals Involved in your Care or Payment for your Care: We may release PHI about you to a friend or family member who is involved in your medical care with signed consent. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and if you are in the hospital, we would relay that information to them.

Research: Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to an approval process and this process evaluates a proposal of how PHI will be used in the research. Before we disclose PHI for research, the project will have been approved through appropriate authorities. Documents with PHI information will not leave the office. We will ask you for permission if the research will have access to your name, address, or other information that reveals who you are or who is involved in your care.

As Required By Law: We will disclose PHI about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help someone prevent injury or prevent a threat from escalating.

Worker's Compensation: We may release PHI about you for worker's compensation or similar programs. These programs provide benefits for work –related injuries or illness.

Public Health Risk: We may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with a specific product; to notify people of recalls of products they may be using, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. Activities include audits, investigations, inspections, and licensure. The activities necessary are for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuit and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to allow you to attempt obtaining an order protecting the information requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official : in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person about the victim of a crime, or if under certain limited circumstances, we are unable to obtain the persons agreement related to a death; about criminal conduct in our office; and in emergency circumstances to report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, or other authorized persons or foreign heads of state or those conducting special investigations.

Pursuant to Authorization:

We will require a signed authorization from before we disclose your PHI to a third party for reasons not listed above. We will retain a copy of any signed authorization you give us that is attached to a request to us for your PHI. We will also keep a record of when, to whom, and what we provided in response to the request for disclosure. If you have signed an authorization for us to use or disclose your PHI, and decide you want to revoke the authorization, you have the right to revoke it. You must revoke the specific authorization in writing and deliver it to the Privacy Officer at the address listed previously on this form and indicate the effective date of the revocation. Once we receive the request for revocation, or have knowledge you authorized the revocation, we will make note of it to assure that we do not make future disclosures pursuant to your original authorization.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with us, contact the Privacy Officer at the address listed below. All complaints must be submitted in writing to the Privacy Officer. You also have the right to complain to the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

Contact Information

Attention: Privacy Officer
825 Diligence Dr. Ste 206
Newport News, VA 23606