



Notice of Privacy Practices

Effective Date: July 1, 2022

Welcome to Psychiatric Services of Suffield, LLC, and thank you for entrusting Christine Doucette, PMHNP-BC with your mental health care. Please read this document carefully, as it contains important information about how your personal health information (PHI) is used and stored in this office. Per the Health Insurance Portability & Accountability Act of 1996, you have certain rights when it comes to how your PHI is used and shared. You can always find a current version of the practice's Notice of Privacy Practices (NPP) on the practice website. All patients are asked to sign an acknowledgement stating that they have been provided access to this document.

YOUR RIGHTS

Per HIPAA, you have the following rights when it comes to your personal health information:

You have the right to receive an electronic or paper copy of your medical record upon written request.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Psychotherapy notes are not considered part of your medical record, per HIPAA, and our providers are not required to share psychotherapy notes except under certain conditions.

You have the right to ask us to correct or amend your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Connecticut

133 Mountain Road, Suite 6
Suffield, Connecticut 06078
Tel: (860) 239-0480 | Fax: (860) 239-0486

Massachusetts

123 Dwight Road
Longmeadow, Massachusetts 01106
Tel: (860) 239-0524 | Fax: (860) 239-0486

You have the right to request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

You have the right to ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You have the right to request a list of those with whom we’ve shared information.

- You can ask for a list (also known as an accounting of disclosures) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You have the right to receive a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

You have the right to choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

You have the right to file a complaint if you feel your rights are violated.

- You can lodge a complaint with our practice if you feel we have violated your rights as they are outlined in this Notice. You may file a complaint in writing by contacting our practice Privacy Officer listed at the end of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
 - Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
 - Calling 1-877-696-6775
 - Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.



YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for the following purposes:

- Marketing purposes
- Sale of your information
- Fundraising purposes

OTHER USES AND DISCLOSURES

We typically use or share your PHI in the following ways:

To treat you

- We can use your health information and share it with other professionals who are treating you
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary, including the sharing of your information with our business associates.
 - Example: We use health information about you to manage your treatment and services.

To bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.



We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. (For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.) These purposes include:

To help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research.

To comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
- We can share your health information to work with a medical examiner or funeral director.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



THE PRACTICE'S RESPONSIBILITIES

In this practice:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

PRIVACY OFFICER

Any questions, concerns, or requests can be directed to the Privacy Officer:

Christine Doucette, PMHNP-BC

Telephone: (860) 239-0480

Facsimile: (860) 239-0486

Website: www.psychiatricervicesofsuffield.com

