



# INTEGRATED PSYCH

## Notice of Privacy Practices

You have the right to:

- Request confidential communications from us by alternative means or at alternative locations such as receiving mail at an address other than your home.
- Request a restriction on certain uses and disclosures of your information for treatment, payment or health care operations. Integrated Psych will consider all requests, but we are not required to grant a restriction. To request a restriction, ask any staff member for a Request for Restriction Form and return it to your health care provider.
- Inspect and obtain a copy of the information contained in your health record that is used to make decisions about your treatment. You may request access by completing an Access Request Form available from any staff member. If you request copies or a summary of your record, we may charge a fee for the cost of copying, mailing and other services. The fee will be determined at the time your request is processed. Under limited circumstances, we may deny your access to a portion of your records. If your request is denied, you will receive a written response and may request that the denial be reviewed.
- Request that your health record be amended. You may request that information about you that we created and use for decision making be corrected. The request must be made using the Amendment Request Form available from any staff member. We will comply with your request unless we believe that the information is already complete and accurate.
- Receive an accounting of disclosures of your health information that were made without your consent or authorization. You may request an accounting by completing the Accounting Request Form available from any staff member. Your request must specify the period of time desired for which you are requesting an accounting. It may not include any time prior to January 1, 2017, or more than six years prior to completion of the request. If you request more than one accounting in any twelve-month period, you may be charged a fee for the additional time your request is processed and will be given an opportunity to withdraw or modify your request.
- Ask not to be contacted regarding contributions to fundraising events.
- Receive notice if Integrated Psych, or an Integrated Psych business associate, has improperly shared or used your health information.
- Request that we not share with your health plan information about certain health services or items if you pay in full for those healthcare items or services (you must notify Integrated Psych staff before receiving these services or items if you want this restriction).
- To complain to Integrated Psych or the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services. The Complaint Officer will provide you with the Director's address. If you desire further information about your privacy rights, contact

the Privacy Officer. If you wish to file a complaint or are concerned that your privacy rights have been violated, contact the Complaint Officer at the address or phone number listed below. No retaliation or reduction in services will result if you file a complaint.

- Nevada residents have the right to opt out of being considered for clinical research studies. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

At Integrated Psych, we respect the privacy and confidentiality of your personal health information. This Notice describes our legal duties and privacy practices. This Notice applies to the uses and disclosures we may make of all health information whether created or received by us.

We are required by law to protect the privacy of personal information about your health, services, and billing. We are required to give you this Notice of Privacy Practices, which details our duties and your rights concerning your health information. We must comply with the terms of our Notice.

We reserve the right to change the terms of this Notice at any time. If we do, the new notice will apply to all health information we maintain, including health information created or received before we made the changes. You may request a copy of the Notice at any time. The current Notice will also be posted in public areas and on our website ([www.integratedp.com](http://www.integratedp.com)).

Integrated Psych uses health information about you for treatment, to obtain payment for treatment and for health care operations. Your health information is contained in records that are the physical property of Integrated Psych.

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in each category is listed. All the ways we use and disclose information will fall within one of the categories.

**For Treatment:** Integrated Psych will use and disclose your health information to provide your mental health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff (including clinicians other than your principal clinician), who work at Integrated Psych. For example, our staff may discuss your care at a case conference. In addition, we may disclose your health information to other health care providers working outside of Integrated Psych. For example, your primary care physician.

**For Payment:** Integrated Psych may use and disclose your health information for purposes of receiving payment for services that you receive. For example, a bill may be sent to an insurance company or Medicaid. The information on the bill may contain information that identifies you, your diagnosis and the treatment you have received.

**For Health Care Operations:** Integrated Psych may use and disclose health information about you for operational purposes. For example, to evaluate the quality of your treatment and the performance of our staff.

**Appointments:** Integrated Psych may use your information to provide appointment reminders. You may request that we do not contact you to make reminders.

If you agree, information may be disclosed to family members or others involved in your care. For example, you may agree to coordinating your treatment with a family member or notify others in an emergency.

- For judicial and administrative proceedings in response to a legal order.
- To report information related to victims of abuse, neglect or domestic violence.
- To assist law enforcement officials in performance of their law enforcement duties.
- For public health activities such as assisting public health authorities, U.S. Food and Drug Administration or other legal authorities to prevent or control disease, injury, or disability.
- To health oversight agencies such as Utah State Division of Substance Abuse and Mental Health, Utah Behavioral Health Network, and Medicaid.
- To funeral directors, medical examiners or coroners to organizations that facilitate organ, eye or tissue donation.
- For research purposes when an institutional review board or privacy board has established protocols to ensure the privacy of your health information.
- To avert a serious threat to the health or safety of you or any other person as required by law.
- For specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.
- To comply with laws and regulations related to Workers' Compensation.

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, Integrated Psych will not use your health information unless you authorize us in writing to:

ATTN: Director of Clinical Operations  
1664 S. Dixie Drive Suite E-102  
St. George, UT 84770

- Share any of your health information with others not covered by this Notice;
- Share any of your health information with marketing companies; or
- Sell any of your health information.

The Authorization must be signed by you or your legal representative. An Authorization must identify the specific information to be disclosed. You can change your mind at any time about sharing your health information with an Authorization. If you would like to revoke an Authorization, you must deliver a written statement to:

ATTN: Director of Clinical Operations  
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Any uses or disclosure made while the Authorization is in effect cannot be reversed.