

Aurora Psychiatric Associates

Notice of Privacy Practices

-Effective 4/15/23

Confidentiality is important to patients and families, and we believe it is essential to good care. This notice describes how medical and psychiatric information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please let us know. .

We understand that medical and psychiatric information is personal and private. We are committed to protecting your information. We create a record of the care and services you receive in order to provide quality care and comply with legal requirements. This notice applies to all records of your care generated by any of the individuals described below.

We are required by law to:

- Keep medical and psychiatric information about you/your child private
- Give you this notice of our legal duties and privacy practices with respect to medical and psychiatric information about you, and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

Professional Referrals and Consultation

We may use and disclose medical and psychiatric information about you/your child when making a referral to another specialist or treatment facility. In addition, in order

to provide the best care possible, we sometimes consult with other medical and psychiatric professionals when it is appropriate and helpful to the care of you/your child. In such professional consultation, your/your child's identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

Within our own practice, identifiable patient information may be shared among clinicians and staff as needed to support optimal care. This may include scheduling, billing, provision of clinical coverage, and internal discussions among providers.

Legal requirements

As licensed health professionals, we are mandated to report suspected child abuse or neglect to appropriate agencies for patients we see in the states of New York and Connecticut. Likewise, we are required by state law to report suspected abuse or neglect of individuals 60 years old or greater and adults with intellectual disabilities.

Psychotherapy notes have a highly protected legal status with confidentiality generally considered similar to that of attorney/client confidentiality. However, in addition to mandated reporting of abuse or neglect, under certain circumstances we may be legally required to use or disclose medical information without your prior authorization. These include emergencies - including when an individual poses an imminent risk to themselves or others; public health requirements; health oversight audits or inspections; medical examiner requests; workers' compensation purposes; national security and other specialized government functions; and for members of the US Armed Forces as required by military command authorities. We may also be required to disclose medical information in the context of requests from law enforcement in specific circumstances or in response to valid judicial or administrative orders or other legal processes.

Other uses of medical information:

In any situation not covered by this notice, we will ask for your written authorization before using or discussing medical information about you/your

child. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Who will follow this notice?

Aurora Psychiatric Associates provide care to our patients at our office, remotely via tele-psychiatry, and sometimes in partnership with other professionals and healthcare organizations. The information privacy practices in this notice will be followed by:

-Any healthcare professional who treats you/your child in person or remotely through our practice

-All medical staff, employees or affiliates of Aurora Psychiatric Associates

Right to be notified of a breach:

We will notify you if the confidentiality of your information has been breached.

Right to access and/or amend your records:

In accordance with law and professional standards, all treatment and communication will be documented in our practice's records. You may request your/your child's medical records and you may also request that factual errors be corrected. All requests for copies or access to records must be submitted in advance, in writing. Because patient records are professional documents, they can be misinterpreted and can be experienced as upsetting. If you wish to see the records, it is usually best to review them with your psychiatrist or therapist so that you and she can discuss their content and address any questions or concerns that may arise. In some circumstances, it may be appropriate for your psychiatrist or therapist to prepare a treatment summary. If you believe that information in your record is factually incorrect or that important information is missing, you have the right to request that we correct the

records, by submitting a request in writing that provides your reason for requesting the amendment. We would be happy to discuss this with you more if the need arises.

Right to an accounting:

You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures of treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions as required by law. To request this list of disclosures, indicate the relevant time period, which must be within the past six years. You must submit your request in writing to our office.

Right to request restrictions:

You may request, in writing, that we not use or disclose medical or psychiatric information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible.

Requests for confidential communications:

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

Right to request a paper copy of this notice:

You may receive a paper copy of this notice from us upon request.

Changes to this notice:

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make any significant change in our policies we will change our notice and post the new notice in our office and on our website. You can receive a copy of the current notice at any time. You will be asked to acknowledge in writing your receipt of this notice.

Complaints:

If you are concerned that your privacy rights may have been violated or you disagree with the decision we made about access to records, please speak directly with one of our providers.

If you are not satisfied with our response, you may send a written complaint to the US Department of Health and Human Services Office of Civil Rights. Under no circumstances will you be penalized or retaliated against for filing a complaint.

By signing below, you confirm that:

- You understand and accept the above;

- You have received, have read, and understand our practice’s Notice of Privacy Practices.

Responsible Party Signature_____

Responsible Party Name_____

Relationship to Patient_____

Patient Name_____

Patient Date of Birth_____

Date_____

