P: 708-799-8384 F: 708-799-1305 www.premierpsychiatry.net

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how Premier Psychiatry may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes permitted or required by law. It also describes your rights to access and control your PHI. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your PHI, to provide you with this notice of our legal duties and privacy practices, to abide by the terms of the notice currently in effect, and to notify you if a breach of your unsecured PHI occurs.

1. How We May Use and Disclose Your Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care and related services, including sharing information with other providers involved in your treatment, such as a referring physician or a pharmacy filling your prescriptions.

Payment

We may use and disclose your PHI to bill and collect payment for services, including verifying insurance coverage, submitting claims, and responding to your insurer's requests for information about services rendered.

Health Care Operations

We may use and disclose your PHI to support the internal operations of our practice, such as quality assessment, staff training, licensing, and business management activities.

Other Permitted or Required Uses and Disclosures

We may also use or disclose your PHI, without your authorization, in the following circumstances:

- As required by law.
- For public health activities, such as reporting disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence, as authorized by law.
- For health oversight activities, such as audits or investigations.
- In connection with judicial or administrative proceedings, such as in response to a court order or, in certain circumstances, a subpoena.
- For law enforcement purposes, as permitted by law.
- To coroners, medical examiners, or funeral directors, and for organ or tissue donation purposes.
- For research, where the research has been approved through an appropriate approval process that protects the privacy of your information.

- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- For workers' compensation, as authorized by law.
- To your family, a friend, or another person involved in your care or payment for your care, unless you object.

Special Protections for Mental Health and Substance Use Records

Records relating to your mental health treatment are subject to additional protections under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and, where applicable, records relating to substance use disorder treatment are subject to additional protections under 42 CFR Part 2. These records generally require your specific written authorization before they may be disclosed, separate from the general authorization described in this notice, except as otherwise permitted or required by law. Psychotherapy notes, where maintained separately from the rest of your medical record, receive further protection and generally require your specific authorization before release.

Uses and Disclosures Requiring Your Written Authorization

Other than as described above, we will not use or disclose your PHI without your written authorization. You may revoke that authorization in writing at any time, except to the extent we have already relied on it.

2. Your Rights

- Right to Inspect and Copy. You may request to inspect and obtain a copy of your PHI, with limited exceptions such as psychotherapy notes.
- Right to Request Restrictions. You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree, except in certain circumstances involving disclosures to a health plan when you have paid out of pocket in full.
- Right to Request Confidential Communications. You may ask us to communicate with you in a certain way or at a certain location, and we will accommodate reasonable requests.
- Right to Request Amendment. You may ask us to amend your PHI if you believe it is incorrect or incomplete. We may deny the request in certain circumstances.
- Right to an Accounting of Disclosures. You may request a list of certain disclosures we have made of your PHI.
- Right to a Paper Copy of This Notice. You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

3. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

4. Changes to This Notice

We reserve the right to change the terms of this notice and to make the revised notice effective for PHI we already maintain, as well as PHI we receive in the future. The current notice will be available at our office and posted on our website.

5. Contact Information

Questions about this notice, or requests described above, may be directed to our Privacy Officer at Premier Psychiatry, 10745 165th Street, Orland Park, IL 60467, or by phone at 708-799-8384.