

HIPAA Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Effective Date: February 7, 2022

New York Psych Doc L.L.C. and its employees are dedicated to maintaining the privacy of your Protected Health Information (PHI) as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices and to inform you of your right to access and control your PHI and our obligations concerning PHI.

This Notice describes how your Protected Health Information (PHI) may be used and disclosed and how you can obtain access to this information. This Notice of Privacy Practices ("Notice") applies to New York Psych Doc L.L.C., its affiliates, and its employees. Protected Health Information refers to information that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. This Notice applies to all PHI retained by New York Psych Doc, whether written or spoken. It also covers records containing PHI acquired by New York Psych Doc L.L.C. from an external provider; your record shall have information about referrals to other professionals and reports and documents provided by other professionals and integrated into your treatment, evaluation, or consultation report.

While it is in effect, we must abide by the terms of this Notice. We reserve the right to change this Notice's terms as necessary and make a new notice of privacy practices effective for all records and protected health information maintained by New York Psych Doc L.L.C. and its employees.

Please review this document carefully. If you have any questions about this Notice, you may ask your provider or contact Dr. Britton Poster at bposter@nypdoc.com (<mailto:bposter@nypdoc.com>).

FEDERAL AND STATE LAWS

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act, the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 C.F.R. Part 2 ("Part 2"), and applicable state laws describe how we may use and disclose your PHI to carry out treatment, payment or health care operations, and for other purposes permitted or required by law. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI).

We are required by law to maintain the privacy of our patients' PHI and to provide patients with a Notice of our legal duties and privacy practices concerning protected health information. We must let you know if there is a breach of your protected health information. We must also inform you that there may be a provision of state law related to the privacy of your health information that may be more stringent than

the standard under the Federal Health Insurance Portability and Accountability Act (HIPAA). If a state law is stricter or places more significant limitations on the use or disclosure of PHI, we will follow the state law if applicable to our practice.

If you would like more extensive information about applicable state laws or request a copy of this Notice, please send a request to info@nypdoc.com (<mailto:info@nypdoc.com>). A copy of the current Notice of Privacy Practices will be made publicly available at www.nypdoc.com (<http://www.nypdoc.com>).

USES AND DISCLOSURES OF PHI PERMITTING OR REQUIRING AUTHORIZATION

Authorization and Consent: Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation taking effect once received. Please note that this revocation shall not apply to any actions we have already accepted due to the initial authorization. In addition, cancellation of the authorization may not take effect if the initial consent was obtained as a condition of receiving insurance coverage, as the law allows the insurer to contest a claim under the policy or the policy itself.

Examples of situations requiring your written authorization for the use or disclosure of information contained in your record may include, but are not limited to, 1) most uses and disclosures of your medical information for marketing purposes 2) disclosures of your medical information that constitute the sale of your medical information, 3) most uses and disclosures of psychotherapy notes (private notes of a mental health professional that are kept separately from a medical record) and 4) any other services or disclosures not described in this Notice or allowed by applicable law.

Under certain circumstances, we must obtain your specific written authorization before disclosing drug and alcohol treatment or rehabilitation information. For example, you received drug or alcohol treatment at a federally funded treatment facility or program.

To the extent possible and permissible by law, we will not release any information related to sexually transmitted diseases or HIV/AIDS unless your authorization explicitly says we may do so. However, there are certain instances in which we may release your HIV/AIDS information without obtaining your express permission. For example, per court order or when otherwise required by law or requested by the Department of Health or other governmental entity.

Although we will typically seek your written authorization before using or disclosing your PHI for treatment, payment, or health care operations, the HIPAA Privacy Rule permits but does not require us to obtain your consent when PHI is used or disclosed. Examples of some, but not all, situations in which your PHI may be used or disclosed without your prior authorization, as allowed by law, are offered below.

Treatment: Your PHI will be maintained in a HIPAA-compliant, electronic medical record-keeping system. Components of the information contained in your medical record may be used or disclosed by your psychologist or those involved in your treatment or care to coordinate, provide, or manage your

health care and any related services. For example, we may provide your protected health information to a physician (e.g., psychiatrist) to whom you have been referred to ensure that the health care professional has the necessary information to diagnose or treat you.

Payment: Your PHI may be used or disclosed for payment activities as law permits (exceptions may require specific consent for substance abuse treatment covered under 42 C.F.R. Part 2). Examples of everyday payment activities include but are not limited to: Determining eligibility under an insurance plan, billing, and collection activities. For example, we may send a bill to you or a third-party payor to reimburse the services rendered. The statement may contain information identifying you, your diagnosis, or services rendered. Additionally, we may need to disclose this information to insurance companies to establish your eligibility benefits.

Health Care Operations: We may use or disclose your PHI in connection with our health care operations. Health care operations may include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use or disclose your protected health information (e.g., phone number or email), as necessary, to contact you about health care treatment or services provided by New York Psych Doc L.L.C. employees or affiliates. Please note it is your responsibility to provide contact methods or impose limitations on how you are contacted.

Business Associates: We may provide your PHI to our business associates, such as billing companies, claims processing companies, and others we contract for administrative purposes (e.g., Headway; Adevkit, attorneys). We may need to provide your protected health information to one or more of these outside persons or organizations who aid us with our health care operations, particularly if it pertains to insurance matters. In all cases, we require these associates to safeguard the privacy of your information appropriately.

Individuals Involved in Your Care: When permitted by law, we may disclose your protected health information to chosen family, friends, and others involved in your care or in payment of your care to facilitate that person's involvement in caring for you or paying for your health care. If you are unavailable, incapacitated, or facing an emergency medical situation and decide that a limited disclosure is in your best interest, we may share limited or non-specific PHI with such individuals without your approval. We may also use or disclose limited protected health information to a public or private entity authorized to aid in disaster relief efforts for that entity to find a family member or other persons involved in some aspect of caring for you.

USES AND DISCLOSURES OF PHI THAT DO NOT REQUIRE CONSENT NOR AUTHORIZATION

There are some situations in which we are legally obligated to take protective action, even if protected health information is revealed during the process. Under applicable law, protective measures may entail notifying a potential victim, contacting law enforcement officials, or pursuing involuntary hospitalization. Below is a list of several, but not all, circumstances where the use or disclosure of PHI is allowed or required by law in the absence of your consent or authorization.

Serious Threat to Health or Safety: If you communicate an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, we must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and believe there is a clear and present danger that you will try to kill or inflict bodily injury upon an identified person. Furthermore, if you present as a clear and present danger to yourself, and we have a reasonable basis to believe this will result in serious bodily harm or death, and you refuse voluntary hospitalization, we may contact members of your family, emergency services, or other individuals to ensure your safety.

Child Abuse: If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon them which causes harm or substantial risk of damage to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we are mandated by federal and state law to report this information to law enforcement officials immediately or a specified state agency responsible for the oversight of child and family services (e.g., New Jersey Division of Child Protection and Permanency). In addition, there may be circumstances where we release PHI upon the request of social services or public health authorities in connection with investigations and reports of child abuse or neglect.

Abuse of an Adult Dependent or Elderly Person: If we have reasonable cause to suspect abuse of an adult with mental or physical disabilities, we may be mandated to immediately report this information to the proper authority. Additionally, if we have reasonable cause to believe that an older adult is suffering from or has died because of abuse, we must report to law enforcement or the proper authority.

Health Oversight Activities: We may use or disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, proceedings, actions; inspections; disciplinary actions, or other activities necessary for proper oversight of the health care system, government programs, and compliance with applicable laws.

Judicial and Administrative Proceedings: We may use or disclose information about you in response to a court or administrative tribunal order as expressly authorized by such order.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may use or disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of on-going treatment.

Workers' Compensation: We may use or disclose your information as authorized by law to follow workers' compensation laws and other similar programs.

Military, Veterans, National Security, and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or the Department of Veterans Affairs. We may also use or disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Law Enforcement: In rare circumstances, we may disclose your medical information to law enforcement, such as identifying or locating suspects, fugitives, witnesses, or victims of a crime, reporting deaths from a crime, and reporting crimes that occur on our premises, involve an employee or affiliate or elicit a reasonable concern for the safety of self or others.

YOUR RIGHTS AND OBLIGATIONS

Access to Your Protected Health Information: You have the right to copy or inspect much of the protected health information that we keep on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information when it is readily producible. Access requests must be made in writing to your provider and signed by you or your legal representative.

Amendments to Your Protected Health Information: You have the right to request in writing that the protected health information that we maintain about you be amended or corrected. We are not legally required to make the requested amendments, but we will carefully consider each request. All amendment requests must be submitted in writing, signed by you or a legal representative, and must say the reasons for the amendment/correction. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may request an amendment in writing directly to your psychologist or therapist.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive information about certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your legal representative.

Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. Under applicable law, we may not enact restriction requests but will try to accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your protected health information to a health plan if the disclosure is to carry out payment or health care operations and is not otherwise required by law. The protected health information pertains solely to a health care item or service for which you or someone other than the health plan on your behalf has paid New York Psych Doc L.L.C. in full. If we agree to any discretionary restrictions, we reserve the right to remove such conditions as we deem appropriate. We will let you know if we remove a restriction imposed under this paragraph. You also have the right to withdraw any restriction in writing or orally by communicating your desire to do so to the individual responsible for maintaining your medical records.

Right to Notice of Breach: We take the confidentiality of our patient's information very seriously. We are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you if a breach occurs involving or potentially involving your health information and inform you of what steps you may need to take to protect yourself.

Paper Copy of this Notice: You have a right to obtain a paper copy of this Notice even if you have agreed to receive notices electronically. To do so, please send a request to info@nypdoc.com.

Complaints: If you believe your privacy rights have been violated, you can file a complaint to info@nypdoc.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>). There will be no retaliation for filing a complaint.

If you have questions, need further help, or submit a request under this Notice, you may contact Brittini Poster, Ph.D. at 646-568-6500 or info@nypdoc.com. This Notice of Privacy Practices will also be available on our New York Psych Doc L.L.C. web page at www.nypdoc.com (<http://www.nypdoc.com>).

More information is available at:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>). Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights to use and disclose your protected health information. By submitting this form, you acknowledge that you have received a copy of the HIPAA Notice of Privacy Practices, and the information contained therein.

BY SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.