

**NOTICE OF ADVANCED PSYCH SERVICES, LLC  
PRIVACY PRACTICES & MEMBER RIGHTS  
PATIENT PRIVACY STATEMENT**

EFFECTIVE OCTOBER 1<sup>st</sup>, 2014

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GET  
ACCESS TO YOUR MEDICAL CHART**

**PLEASE REVIEW CAREFULLY**

Advanced Psych Services (APS) is a provider of mental health treatment. As a health care provider, APS maintains personal health information about your case. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information is referred to as your health or medical record. By law, APS is required to protect the privacy of your personal health information, and to tell you how APS may use or disclose your personal health information. APS will abide by the terms of this notice. In addition, APS reserves the right to change the terms of this notice and make any new notice provisions effective for all protected health information we maintain. Should our information practices change, we will make a revised copy available at our office upon request or make the information available on our website.

**Uses and Disclosures**

**1. Treatment**

For example: APS may use and give out your personal health information to assist your health care providers, or to avoid a serious imminent threat to your health or safety, or the health and safety of someone else. Additionally, your health care record serves as a means of communication among the many health professionals who contribute to your care. Your health record serves as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**2. Payment**

For example: APS may use and give out your personal health information for payment activities. A bill may be sent to you or a third-party payer, such as your health insurance provider. The information on or accompanying the bill may include information that identifies you, as well as our diagnoses and treatment procedures.

**3. Health Care Operations**

For example: APS may use and give out your personal health information:

- to government agencies that provide you with benefits or services.
- to health care providers such as your pharmacy to coordinate your services.
- to evaluate the quality of the service we provide.

#### **4. Other Permitted Uses and Disclosures**

For example: APS may use and give out personal health information:

- to communicate with your family. As health professionals, using our best judgment, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- for research studies that meet all privacy requirements.
- to inform you about new or changed practices at APS.
- to share with other health care providers or health care entities for treatment, payment, and health care operations purposes, as permitted by law
- to courts and attorneys when we get a court order, subpoena, or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us.
- to avert a serious threat to health or safety or the health and safety of another person or the general public. Any disclosure will be only made to someone in a position to prevent the threat, such as law enforcement.
- if law enforcement officials requires us to do so for any lawful reason.

#### **5. Appointment Reminders**

We may use or disclose your protected health information to contact you to make, or remind you of, an appointment for treatment or services at APS.

#### **6. Required Disclosures**

In addition, APS must use and give out your personal health information:

- when requested by you or someone who has the legal authority to act for you (for example, your Attorney).
- when requested by the United States Department of Health and Human Services to make sure your privacy is being protected.
- when otherwise required by law.

#### **7. Secure Patient Portal and E-mail Communication**

APS has established a web-based system called a Patient Portal, which allows us to securely communicate and transfer health care information to you. Once you sign this Patient Privacy Statement, no further authorizations from you will be required. APS cannot guarantee the security and confidentiality of e-mail communication and will not be held liable for improper disclosure of confidential information that is not caused by APS misconduct. APS may use e-mail to: receive and respond to questions from patients, provide test and consultation results, and provide other information such as medical alerts, patient education, new services or other information. APS will not share patient e-mail addresses with any third parties. You will be given a user name and password to access the Patient Portal. If your user name or password to your Patient Portal account is obtained by another person, your protected health information is subject to improper disclosure. **You should not reveal your patient portal user name or password to anyone. You should never use a public computer to access the patient portal.** Please notify us immediately if you feel your Patient Portal account is

being improperly accessed. **If your email is accessible by any other person, you risk unauthorized access to your protected health information** through the patient portal. For more information about the Patient Portal please ask one of our staff members.

If you choose to communicate with us via e-mail, we may respond or contact you in the same manner in which the communication was received and to the same e-mail address from which you sent your e-mail. Before utilizing e-mail in any capacity with APS, you should understand that there are certain inherent risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by another party. In addition, there are other risks, such as misaddressed messages, shared e-mail accounts, or messages stored on portable devices that don't have security.

## **8. Business Associates**

Some services, such as billing services, are provided to our organization by business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require these business associates to appropriately safeguard your information.

**Except as described above, APS cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, so long as you do so in writing. However, APS will not be able to retract personal health information that we have already used or shared based on your original permission.**

### **Your rights:**

Although your health record is the physical property of APS, the information in your health record belongs to you. You have the right to:

- View and receive a copy of your health information as provided in 45 CFR 164.524. You must ask for this in writing and provide us with a signed medical release form.
- Have your personal health information amended if you believe that it is wrong or incomplete as provided in 45 CFR 164.528. If APS disagrees with your amendment, you may have a statement of your disagreement added to your health record.
- Get a list of disclosures of your health information by APS as provided in 45 CFR 164.528. You must ask for this in writing. The list will not include health information given to you or your personal representative, that was given out with your specific permission, or that was given out to pay for your claims or assist in your treatment.
- Ask in writing for APS to limit its use of sharing of your health information as provided by 45 CFR 164.522. APS may not be able to grant this request, but will comply with the request if at all possible.
- Revoke, in writing, your authorization to not use or disclose health information except to the extent that action has already been taken.

- Ask APS to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O. Box instead of your home address). You must ask for this in writing.
- Get a separate paper copy of this notice.

### **Our Responsibilities:**

APS is required to:

- Maintain the privacy of your health information, except for any previously stated circumstances where we have permission to share it.
- Provide you with a notice, or offer to you, as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to accommodate a requested restriction.
- Accommodate reasonable written requests you may have to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O. Box instead of your home address).

If you would like to exercise any of the rights described in this notice, or believe that APS has violated your privacy rights, please contact us at the following address:

**Advanced Psych Services, LLC  
Attention: Privacy Office 425 N Lake Ave, Suite 101  
Worcester, MA 01605**

Filing a complaint or exercising your rights will not affect your treatment with APS. You may also file a complaint with the United States Secretary of Health and Human Services. For more information, or if you need help understanding this notice, please call 508-753-3220.

**I, the undersigned, hereby acknowledge that I have received or been offered a copy of the Advanced Psych Services Notice of Information Practices (The Notice), including Payment and Billing Policies and Client Rights.**

**I understand that the Notice describes how the practice uses and discloses my medical and billing information. The Notice also describes my rights and how I can receive additional information.**

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_