

# Notice of Privacy Practices

## Regarding Protected Health Information (PHI) & HIPAA: Health Insurance Portability and Accountability Act

**According to Federal Regulations, Synapse Integrated Psychology is required to:**

1. Maintain the privacy of your health information.
2. Provide you with this notice as to what our legal duties and privacy practices are with respect to information we collect and maintain about you.
3. Abide by the terms of this practice.
4. Notify you if we are unable to agree to a requested restriction, and accommodate any reasonable request you may have to communicate health information through alternative means or alternative locations.
5. We will not use or disclose your health information without your authorization, except as described in this notice.
6. We will use and disclose your PHI in order to bill and collect payment for the services and items you may have received from us. For example, we will contact your insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
7. Your PHI is stored in an electronic health record (EHR) which is accessible by our credentialed providers and approved staff for purposes related to treatment, payment, health care operations and or other purposes permitted by federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA). Synapse Integrated Psychology has implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of my medical information as required by HIPAA.

**WE ARE PERMITTED, AND MAY BE REQUIRED, TO DISCLOSE YOUR PHI UNDER SPECIAL CIRCUMSTANCES:**

1. **Disclose Required By Law:** Our practice will not share information with law enforcement or officers of the court except where required by federal, state, or local law, including health oversight activities, court or administrative orders or similar legal proceedings. These may include the following: We receive a court order signed by a judge; Your provider is subpoenaed by a judge; A child is being abused; or, We are in a position to prevent a suicide or homicide from occurring. In those cases, we will release the minimum required information in order to protect the interests of the client.
2. **Public Health Risk:** Health entities may be required to report on vital records, preventing or controlling disease, injury, or disability; or notifying a person regarding potential exposure to a communicable disease. Our practice will de-identified your information whenever possible to minimize or prevent the release of PHI.
3. **Serious Threats to Health and Safety:** In circumstances regarding life and death or risk of serious bodily injury, we are required to disclose your PHI to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. This will only happen without your permission if your provider believes you intend to- or pose a serious risk of killing yourself, gravely injuring yourself or killing/ gravely injuring another identified individual. In these cases we may reach out to law enforcement, emergency services, or your next-of-kin/emergency contact. We must also report child abuse cases to the appropriate state or tribal authority.
4. **Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

Our practice will not provide any services related worker's compensation or similar programs unless you give written consent for us to share relevant PHI.

Our practice may contact you or your authorized representatives to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The practice might routinely contact patients via telephone at home and /or work, via mail at home, and unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments and billing questions. Please inform our staff of your communication preferences or privacy needs.

All requests for medical records should be hand signed and should contain:

**Full Name**  
**Date of Birth**  
**Mailing Address**  
**Phone Number**  
**Written Signature**

**An additional fee might be asked for generating a copy or mailing all medical records as per the rules practiced by the clinic.**

At no time will any person, including your spouse, be able to obtain information from your medical record without prior written authorization. Only parents or legal guardian of a child under the age of 18 will be allowed to access medical record information, with proof of child's social security number and date of birth. The state of New Mexico protects consent and treatment records for clients age 14 and older.

**Patient Rights**

- 1. Confidential Communications:** You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable request.
- 2. Requesting Restrictions:** You have the right to request restriction on our use of disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request; however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- 3. Inspection and Copies:** You have the right to request and obtain a copy of your PHI. Our practice will charge a fee for the cost of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy your records under limited circumstances. However, you may request a review of our denial. Please be advised that providers generally discourage and can legally withhold the release of psychotherapy notes.
- 4. Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for this practice. Your request must provide us with the reason that supports your request for amendment. Your request may be denied if you ask us to amend information that is in our opinion: a) accurate and complete; b) not part of the PHI kept by or for the practice; c) not part of the PHI that you would be permitted to inspect and copy; or d) not created by our practice, or the individual or entity that created the information is not available to amend the information.
- 5. Rights to a paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
- 6. Rights to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.