

Shermeil Dass, MD

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www.drsdass.com | office@drsdass.com

~ General and Child Psychiatrist ~

Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully and keep this for your information.

As a health care provider, I am committed as an organization to continually strive to act consistently with the underlying purpose and philosophy of the HIPAA Privacy Rules: to properly safeguard and protect from improper disclosure the health information that either identifies you or can be reasonably used to ascertain your identity, and which is transferred or maintained to another party in electronic or other form. This information is what this notice refers to as Protected Health Information (PHI).

Uses/Disclosures Related to Treatment, Payment, or Health Care Operations

The law permits me to use and/or disclose your PHI for treatment, payment, and/or health care purposes with a general consent. Currently, you sign a consent form as such on your first visit. When information is disclosed, I will work to disclose only the PHI which is minimally necessary to ensure your care.

Examples of when this information may be disclosed:

- To a hospital to better understand your medical/health condition, properly diagnose, care, and treat you
- To facilitate prescriptions to be filled through pharmacies
- To help insurance carriers to facilitate payments for claims
- To contact you regarding appointments

Uses/Disclosures Where an Authorization Is Required

The law requires an Authorization for some types of uses and disclosures of PHI. An Authorization is limited and can be revoked by you at any time as long as I have not already reasonably relied on it to make a particular use and/or disclosure.

Examples of when I would ask you to sign an Authorization:

- To disclose information to a family member, concerned friend, or anyone else you may designate
- To disclose information to your employer for disability, fitness for duty, or drug testing purposes
- To release your medical records from or to another doctor or provider

Your Right to Request Additional Restrictions on the Use/Disclosure of PHI

You have the right under the HIPAA Privacy Act to request additional restrictions relating to the use and/or disclosure of your PHI. I am committed to recognizing patient privacy and confidentiality; I respect your right as a patient to request additional restrictions on how information is to be disclosed, including your right to request confidential communications. Please note, however, that I am not legally required under the HIPAA Privacy Act to agree to the requested restriction.

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Your Right to Obtain Access to PHI

You have the right to request and obtain access to your PHI, to the extent required by and consistent with the HIPAA Privacy Rules. I reserve the right to deny access to PHI that is not otherwise required to be given under the HIPAA Privacy Rules or other applicable law.

I reserve the right to charge you a reasonable, cost-based fee for copying (including the cost of supplies and labor of copying) any PHI required to be copied to adequately respond to your access request, as well as any postage costs and costs associated with preparing an explanation or summary (unless otherwise precluded by applicable State or other law).

Your Right to Amend PHI

You have the right to request that I amend your PHI, to the extent of and consistent with the HIPAA Privacy Rules. Please note that I reserve the right to, among other things, deny request for amendments that are not required to be granted under the HIPAA Privacy rules, including when the PHI at issue is accurate and complete.

Your Right to an Accounting of Disclosures of PHI

You have the right to an accounting of disclosures of your PHI. Please note that under this section, we reserve the right to, among other things, limit any such accountings to disclosures made after the compliance date of the HIPAA Privacy Rules, as well as deny accounting requests that are otherwise not required. There may be a fee associated with the accounting request, and you may withdraw or modify your request accordingly.

Your Right to Obtain a Paper Copy of This Notice

You have a right to obtain a paper copy of this Notice. To request additional copies please let me know during your office visit.

How to Express Concerns About Privacy

If you have any questions about this Notice, or complaints about how your PHI is handled, please notify me either by calling or writing using the above contact information. You may also address your questions or concerns by writing to:

The Secretary of the Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

The terms of this Privacy Notice may be changed, and the new notice provisions will apply to all PHI that I maintain. As changes occur, you may request a revised copy of the Privacy Notice from my office.

Effective date of this Privacy Notice: 01-11-2017.