

NOTICE OF PRIVACY PRACTICES



This notice went into effect on Jan 2022

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION IN ACCORDANCE WITH HIPAA LAWS. PLEASE REVIEW IT CAREFULLY.

Objective

During your care, a record (or "chart") is created regarding the services you receive. This privacy notice applies to all of the records of your care and tells you about the ways in which your health information is protected or may be disclosed.

Our Pledge

We understand that health information about you and your family is personal. Dr. Reesa Donnelly Inc. has adopted a policy that protects the privacy and confidentiality of protected health information (PHI). The protection of your personal information will be the responsibility of all individuals with job duties requiring access to PHI. These practices are meant to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Protected Health Information Defined

PHI refers to individually identifiable health information received by a health care provider that relates to the past or present health of an individual or to payment of health care claims. PHI information includes medical conditions, health status, claims experience, medical histories, physical examinations, genetic information, and evidence of disability.

Use of Protected Health Information

Protected Health Information (PHI) is sometimes requested when filing insurance claims, coordinating care with other doctors or health care providers, or when lawsuits or legal disputes arise. In most situations, your

authorization is required to release your PHI, but in some situations your authorization is not required to release your PHI.

Use and Disclosures that require your authorization:

- Evaluation reports, screening information, and treatment summaries may be shared with other providers, family members, schools, or employers at your request with your written consent.
- Psychotherapy Notes and Testing/Evaluation Records may be released at your request with your written consent. However, these materials have additional legal protection and can only be released to other providers with the expertise to interpret these documents.
- Marketing Purposes: We will not use or disclose your PHI for marketing purposes.
- Sale of PHI: We will NEVER sell your PHI.

Use and Disclosures that do NOT require your authorization:

- Health oversight activities, such as sending a referral to another provider, internal records review, or submitting claims to your insurance company if you have provided me insurance information for the purpose of submitting claims.
- When required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law, including:
 - Reporting suspected child, elder, or dependent-adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
 - Averting a serious threat to the health and safety of you or others including but not limited to suicide or homicide
 - Complying with a subpoena to disclose records should you be involved in a lawsuits or court dispute. All efforts will be made to tell you about the request or to obtain an order protecting the information requested.
 - Reporting crimes occurring on my premises.
 - Defending myself in legal proceedings instituted by you.

You have the following rights with respect to your PHI:

- The Right to Choose How We Send PHI to You. You have the right to ask to be contacted in a specific way (Ex: home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes" and "test records", you have the right to get an electronic or paper copy of your medical record and other information about you. We will provide a copy of your record, or a summary of it, within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for providing records.
- The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.

- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the information is corrected or added. If the answer to your request is “no,” you will receive the reasoning in writing within 60 days of request.
- The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a copy of this Notice electronically and/or by paper.

Records Retention

Records with PHI will be maintained for a period of seven years as required by Florida law. Records that have been maintained for the maximum interval will be destroyed in a manner to ensure that such data are not compromised in the future in accordance with the company record destruction policy. Paper/physical records are stored under double lock and electronic records are stored using encryption, password protection, and companies that sign a Business Associates Agreement (BAA) to maintain HIPAA compliance.