
NOTICE OF PRIVACY PRACTICES

This document contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. We are required by law to maintain the privacy of your health information. This Notice describes our legal duties and privacy practices. This Notice tells you how we may use and disclose your health information. This Notice also describes your rights and how you may exercise your rights. PLEASE READ IT CAREFULLY.

If you have any questions regarding this notice, you may contact our office at:

Room 2 Grow, LLC.
7500 Brooktree Rd. Ste 201
Wexford, PA
Telephone: (412)525-6594

YOUR PROTECTED HEALTH INFORMATION

Room 2 Grow is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Your protected health information is any information that relates to your past, present or future mental health, the provision of health care to you, or payment for health care provided to you, that individually identifies you or can reasonably be used to identify you.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health care operations

1. **Treatment:** We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. A list of possible treatment uses and disclosures includes, but may not be limited to:

- Practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information.
- We may contact you to provide appointment reminders.
- We may use your first name in the waiting area to notify you that your therapist is available.
- With your signed authorization we may:
 1. Share and discuss your medical information with an outside physician to whom we have referred you for care.
 2. Share and discuss your medical information with an outside physician with whom we are consulting regarding you.
 3. Share and discuss your medical information with an outside laboratory, or other health care facility where we have referred you for testing.
 4. Share and discuss your medical information with another health care provider who seeks this information for the purposes of treating you.
- With your signed or verbal authorization, we may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.

2. **Payment:** We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement

for that care from your health insurer. A list of possible payment uses and disclosures includes, but may not be limited to:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Mailing your bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.

3. Health care operations: We may use and disclose your protected health information for our health care operation purposes. A list of possible health care operations uses and disclosures includes, but may not be limited to:

- Quality assessment and improvement activities within our own facility.
- Reviewing the competence, qualifications, or performance of our health care professionals.
- Accreditation, certification, licensing, and credentialing activities.
- Healthcare fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and disclosures for other purposes: We may use and disclose your protected health information for other purposes. The following list of other use and disclosure purposes includes, but may not be limited to:

1. Individuals involved in care or payment for care: We may disclose your protected health information to someone involved in payment for your care.

2. Required by law: We may use and disclose protected health information when required by federal, state, or local law.

3. Other public health activities: We may use and disclose protected health information for public health activities, including but not limited to:

- Child abuse and neglect reports.
- FDA-related reports and disclosures.

4. Health oversight activities: We may use and disclose protected health information for purpose of health oversight activities authorized by law (e.g. to comply with a Drug Enforcement Agency inspection of patient records)

5. Judicial and administrative proceedings: We may use and disclose protected health information disclosures in judicial and administrative proceeding in response to a court order or subpoena, discovery request or other lawful process.

6. Law enforcement purposes: We may use and disclose protected health information for certain law enforcement purposes to:

- Comply with legal process (e.g. search warrant)
- Respond to a request for information for identification/location purposes.
- Provide information regarding a crime on the premises.
- Report a crime in an emergency.

7. **Coroners and medical examiners:** We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

8. **Threat to self or public safety:** We may use and disclose protected health information for purposes involving a threat to self and/or public safety, including protection of a third party from harm.

9. **Workers compensation and similar programs:** We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. This includes the processing of any disability program for which you have applied.

10. **Incidental disclosures:** We may disclose protected health information as a by-product of an otherwise permitted use or disclosure (e.g. other patients may overhear your first name being called in the waiting room)

C. **Other miscellaneous uses and disclosure with authorization:** For all purposes that do not fall under a category listed in Section II A and II B and is not otherwise stated, we will obtain your written authorization to use and disclose your protected Page 4 of 5 health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

PATIENT PRIVACY RIGHTS

A. **Further restriction on use or disclosure:** You have a right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in your care of the payment of your care, or for notification purposes. We are not required to agree to your request for a further restriction. To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

B. **Confidential communication:** You have a right to request that we communicate your protected health information to you by a certain means or at a certain location (e.g., you might request that we contact you by mail or at work). We are not required to agree to requests for confidential communications that are unreasonable. To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

C. **Accounting of disclosures:** You have a right to obtain, upon request, an “accounting” of certain disclosures of your protected health information by us. This right is limited to disclosures within six years of the request and other limitations. Also, in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

D. **Copying:** Psychotherapy notes are further protected under HIPAA and can only be released by the treating clinician with your expressed consent. You have the right to request a review of your medical records with the treating clinician within our facility. We may impose a charge for the labor and supplies involved in providing copies to third parties to whom you request your records be sent.

E. **Right to amendment:** You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each requested change and provide a reason to support each requested change.

F. **Paper copy of privacy notice:** You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our privacy officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change, including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room for the practice. At any time, patients may review the current notice by contacting our privacy officer.

COMPLAINTS

If you believe that we have violated your privacy rights, you may file a complaint with our practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you in any manner for filing a complaint.

LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

*ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES
AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION*

Patient Name: _____ **Birthdate:** _____

I have been informed of the Privacy Practices for Room 2 Grow, LLC. Room 2 Grow, LLC is authorized to use and disclose health information for treatment, payment and healthcare operations for purposes consistent with its Notice of Privacy Practices.

Signature: _____ Date: _____
(Patient or Parent/Guardian if child is under 18)

Signature: _____ Date: _____
(Minor child if patient is 14 years of age or older)

Printed name of legal representative (if applicable): _____

Relationship to patient: _____