

# HIPAA NOTICE OF PRIVACY PRACTICES

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*\* indicates a required field*

## Emovere LLC

### I. Notice of Privacy Practices.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### II. Legal Duty to Safeguard Your Protected Health Information (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by Emovere, LLC that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this notice about privacy procedures. This notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this notice.

Please note that I reserve the right to change the terms of this notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with Emovere, LLC. Before I make any important changes to the policies, I will immediately change this notice and post a new copy of it in the office. You may also request a copy of this notice from me, or you can view a copy of it in my office.

### III. How I Will Use and Disclose Your PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of the uses and disclosures, with some examples.

A. Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent. I may use and disclose your PHI without your consent for the following reasons:

1. For treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. I may also disclose your information in order to remind you of appointment times. I

may disclose your information to any family members or significant others that you voluntarily decide to bring to and include in a therapy session. I may disclose your PHI, with the exception of identifying information, during professional clinical supervision and/or consultation, in order to ethically provide you the highest quality services.

2. To obtain payment for treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. For example, I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

3. Other disclosures: Your consent is not required if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you could I may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

4. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.

6. If disclosure is mandated by the Missouri Child Abuse and Neglect Reporting Law. For example, if I have a reasonable suspicion of child abuse or neglect.

7. If disclosure is mandated by the Missouri Elder/Dependent Adult Abuse Reporting Law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

8. If disclosure is compelled or permitted by the fact that you tell me of a serious/ imminent threat of physical violence by you against a reasonably identifiable victim or victims.

9. For public health activities. For example, in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

10. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical and psychological research.

11. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.

12. Appointment reminders and health-related benefits or services. For example, I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options or other health care services or benefits I offer.

13. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object. I may provide your PHI to a family member, friend, or another individual who you indicate is involved in your care or responsible for the payment for your health care unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization) of your PHI by me.

## IV. Your Rights Regarding Your PHI

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do I will give you, in writing, the reasons for the denial. I will also explain your right to have our denial reviewed.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, that is, those for treatment, payment, or health care operations, sent directly to you, or to your family. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than 1 request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Get This Notice by E-mail. You have the right to get this notice by e-mail. You also have the right to request a paper copy of it.

D. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than myself. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

## V. How to Complain about My Privacy Practices.

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C., 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

## VI. Contact Person for Information about This Notice or To Complain about My Privacy Practices.

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Katie Bohn, 8000 Bonhomme Ave, Suite 406 St. Louis, MO, 63105, (314)-325-4658

## VII. Effective Date of This Notice.

This notice is in effect as of January 1, 2016

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I consent to sharing information provided here.