

# + One Psychiatry PLLC Notice of Privacy Practices

430 N Tucson Blvd

Tucson, AZ 85716

Phone: 520-441-4750

Fax: 844-965-9613

E-Mail: [onepsychiatry@gmail.com](mailto:onepsychiatry@gmail.com)

**\*Note that One Psychiatry PLLC does not contract with Insurers. Thus much of the information below that refers to release of information is not relevant to your care with One Psychiatry. However, some patients do elect to seek reimbursement for One Psychiatry services through their insurer as an “out of network provider”. In these cases One Psychiatry may need to communicate with your insurance company to help you get this reimbursement if your company requests information.**

## **Get It.**

You can ask to see or get a copy of your medical record and other health information. If you want a copy, you may have to put your request in writing and pay for the cost of copying and mailing. In most cases, your copies must be given to you within 30 days. Note, however, that a legal delineation is made between medical records and psychotherapy records, which this does not apply to.

## **Check It.**

You can ask to change any wrong information in your file or add information to your file if you think something is missing or incomplete. In most cases, the file should be updated within 60 days.

## **Know Who Has Seen It.**

By law, your health information can be used and shared for some specific reasons not directly related to your care, like making sure doctors give good care, reporting when the flu is in your area, or reporting as required by state or federal law.

You can:

- **Learn how your health information is used and shared by your doctor or health insurer.** Generally, your health information cannot be used for purposes not directly related to your care without your permission. For example, your doctor cannot give it to your employer, or share it for things like marketing and advertising, without your written authorization. You probably received a notice telling you how your health information may be used on your first visit to a new health care provider or when you got new health insurance, but you can ask for another copy anytime.
- **Let your providers or health insurance companies know if there is information you do not want to share.** You can ask that your health information not be shared with certain

people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. Finally, you can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take, if you pay for the care or drugs in full and the provider or pharmacy does not need to get paid by your insurance company.

- Note that the HIPPA privacy law also explicitly states that if you pay for a service for healthcare item out of pocket in full you can ask us not to share that information with the purpose of payment or our operations with your health insurer.

#### Your Health Information Privacy Rights:

• **Ask to be reached somewhere other than home.** You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard. If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, health insurer, or the U.S. Department of Health and Human Services.

To learn more, visit [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).

#### Our responsibilities:

We are required by law to maintain the privacy and security of your protected health information

We must follow the duties and privacy practices described in this notice and give you a copy of it

We will not use or share information other than as described here unless you tell us we can in writing. If you tell us we can you may change your mind at any time. Let us know in writing if you change your mind.

For more information see

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

#### Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. If any changes are made to this notice, you will be provided with the updated notice. The new notice will also be available upon request.

**\*forms requiring your medical information are password protected. These documents are encrypted.**

Payment and no-show policy:

Missed appointments:

Less than 48 hours notice of the cancellation will result in a charge for the time reserved.

Telephone calls:

Those in excess of five minutes maybe charged on a prorated basis as above

Payment requirements:

Payment is due before or at the time of your appointment.

Most of us feel that our health information is private and should be protected. That is why there is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.