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7712 Old Canton Road – Suite B

Madison, MS 39100

(601) 427-5775

**NOTICE OF PRIVACY PRACTICES**

**Effective Date: March 23, 2012**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how I may use or disclose the patient’s protected health information, with whom that information may be shared, and the safeguards I have in place to protect it. This notice also describes your right to access and or refuse the release of specific information outside of this system except when the release is required or authorized by law or regulation.

**Acknowledgement of Receipt of this Notice**

You will be asked to provide signed acknowledgement of receipt of this notice. The intent is to make you aware of the possible uses and disclosures of the patient’s protected health information and your privacy rights. The delivery of the patient’s health care services will in no way be conditional upon your signed acknowledgment.

**Our Responsibility Regarding Protected Health Information**

The patient’s protected health information is individually identifiable health information. This includes demographics such as age, address, email address, and relates to the patient’s past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

* Make sure the Patient’s protected health information is kept private
* Give you this notice of our legal duties and privacy practices related to the use and disclosure of the patient’s protected health information.
* Follow the terms of the notice currently in effect.
* Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about the patient as well as any information received in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

**Your Rights Regarding Your Patient Health Information**

You may exercise the following rights by submitting a written request to the *A Focused Brain, LLC* office:

1. You have the right to access your health information. You can request to view it and/or have us make photocopies (for a cost) of the information you desire. All requests for access to your health information must be in writing and an appointment time will be set. In certain specific circumstances we may deny your request, but we will tell you in writing of our decision and any reason(s) for the denial.
2. You have the right to request additional restrictions regarding our use or disclosure of your health information. All requests for additional restrictions to your health information must be in writing. We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to:

a. a court order, subpoena, warrant, or similar process,

b. health oversight agencies,

c. report about victims of abuse, neglect, or domestic violence, or

d. public health activities.

1. You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your health information must be in writing and specify which location or method you want your health information communicated by our personnel.
2. You have the right to request that we amend your health information. All requests to amend your health information must be in writing including an explanation of why you want the record amended. We may deny your request if the information:

a. was not created by us (e.g. report from another professional),

b. is not part of the protected health information we keep, or

c. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint that can become a part of your record.

1. You have the right to a written accounting of the instances in which our agency or our business associates disclosed your health information for purposes other than treatment, payment or our agency’s operations for records. The list will not include disclosures made for national security purposes, to law enforcement personnel, or those made prior to April March 23, 2012, and no more than six years from the date of services. This right excludes disclosures made to you or authorized by you, to family members or friends involved in the patient’s care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice

**Uses and Disclosures of Health Information**

We use and disclose health information about your treatment, payment, and healthcare operations. **For example**:

* **Treatment:** With your permission, we may use or disclose your health information to other healthcare providers involved in your care (i.e. pediatrician, speech therapist, psychologist).
* **Payment:** We may use or disclose your health information to assist you to obtain payment for the services we provide you. This may include but is not limited to, evaluation reports, treatment notes or other documentation required by your payment source.
* **Healthcare Operations:** We may use or disclose your health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.
* **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigators, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
* **Business Associates:** We may use or disclose your health information to other businesses that assist or support our business such as facility maintenance, computer technology assistance, accounting, and/or healthcare staff. To protect your healthcare information, we require our business associates to appropriately safeguard your information.
* **Required by Law**: We may use or disclose your health information when we are required to do so by law. We may use or disclose your health information to appropriate authorities if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may use or disclose your health information to prevent a serious threat to your safety or health or the safety and health of others (i.e. reporting a communicable disease).

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* **Appointment reminders**: We may use or disclose your health information to provide you with an appointment reminder by telephone message, voicemail, or letter.
* **Your authorization:** In addition to our use and disclosure of your health information about your for treatment, payment, and healthcare operations, we may use your information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization, will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your health information for any reason except those described in this NOTICE without your written authorization.
* **Marketing:** We will not use your health information for marketing purposes or communications without your written authorization.
* **Parental Access:** We may disclose your child’s protected information to parent’s, guardians and persons acting in similar legal status.

**Disclosures:**

You have the right to a written accounting of the instances in which our agency or our business associates disclosed your health information for purposes other than treatment, payment or our agency’s operations for records. The list will not include disclosures made for national security purposes, to law enforcement personnel, or those made prior to March 23, 2012..

**Federal Privacy Laws**

This Notice of Privacy Practices is provided to you as requirement of the Health Insurance Portability and Accountability Act (HIPPA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing policies and this notice of how we will use and disclose the patient’s protected information.

**For More Information or To Report A Problem**

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your health information or in response to a request you made in writing, please contact our office to make a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**This notice is effective in it’s entirely as of March 23, 2012.**

A Focused Brain, LLC • 6712 Old Canton Road – Suite 5, Ridgeland, MS. 39157 • Office (601) 665-4254