

## Notice of Privacy Practices

### HIIPPA Law Disclosure:

#### Your Information. Your Rights. Our Responsibilities.

Effective date: 6/28/2017

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. You will sign that you have received this Notice of Privacy Practices in the Consent for Treatment Form.**

#### Section A. Uses and Disclosures of Protected Health Information

1. We may use and share your information as we:
  - a) Provide treatment to you. We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition. This information may be written, verbal, electronic or via facsimile. We may also share information with other healthcare providers who are treating you to coordinate the different things you need such as medications, lab work, or other appointments. We may also contact you to provide treatment-related services that may be of benefit to you.*
  - b) Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
  - c) We will use your health information to obtain payment. This includes sending claims for payment to your insurance or third party payer when billing insurance or other entities. It may also include providing health information to the payer to resolve issues of claim coverage.
2. Permitted or Required Uses and Disclosures
  - a) Our clinic may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your healthcare. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
  - b) Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile protected health information. We require our Business Associates to safeguard any protected health information appropriately.
  - c) Help with public health and safety issues. Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect, or domestic violence, Preventing or reducing a serious threat to anyone's health or safety
  - d) Ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)
  - e) Comply with the law- FDA, public health or legal authorities, law enforcement agencies, health oversight agencies, court orders, administrative order, subpoena, discovery request or other lawful process, We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
  - f) To notify or assist in notifying a family member, personal representative or other person responsible for the patient's care of the patient's location or general condition
  - g) To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others
  - h) When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
  - i) As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel
  - j) To authorized officials for intelligence, counterintelligence and other national security activities authorized by law
  - k) Any suspicious threat or terrorist activity
  - l) To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations
  - m) To a government authority, such as social service or protective services agency, if Ketamine Psychedelic Therapy reasonably believes the patient to be a victim of abuse, neglect or domestic violence, but only to the extent required by law. If the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient
  - n) Address workers' compensation, law enforcement, and other government requests
  - o) Respond to lawsuits and legal actions
  - p) Work with a coroner, medical examiner or funeral director when necessary
  - q) To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant
  - r) Monitoring the quality of care that our employees provide to you and for training purposes
3. Authorized Use and Disclosure
  - a) Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written authorization in advance. You may revoke any such authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your authorization.

**Section B. Your Rights** - When it comes to your health information, you have certain rights.

- a) Restriction Requests - You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or healthcare operations. IF we do agree to requested restrictions, they shall be binding until you request that they be terminated. Requests for restrictions or termination of restrictions must be submitted in writing to Ketamine Psycholytic Therapy.
- b) Request confidential alternative means of communications
  - a. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Requests must be submitted in writing to Ketamine Psycholytic Therapy. We will say, "yes" to all reasonable requests.
- c) Access to your health information.
  - a. You can ask to see or get an electronic of your medical record and other health information we have about you as long as we maintain your records.
  - b. You have the right to request that your protected health information be provided to you in an electronic format if available.
  - c. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for copying, mailing, or preparing the requested records prior to granting your request.
  - d. Ketamine Psycholytic Therapy may deny your request for in limited circumstances.
- d) Ask us to correct your medical record
  - a. You can ask us to correct health information about you that you think is incorrect or incomplete. You may request a written amendment to your records. You must include a reason that supports the amendment to your health information.
  - b. We may say "no" to your request, but we'll tell you why in writing within 60 days. In case of denial, you may request a review of the denial for most reasons. We have a right to provide a rebuttal to your statement.
- e) Get a list of those with whom we've shared information
  - a. You can ask for a list accounting of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - b. The first accounting in any 12-month period will be provided to you at no cost. Any additional requests within the same 12-month period will be charged a fee to cover the cost of providing the accounting. This fee amount will be provided to you prior to completing the request. You may choose to withdraw your request to avoid paying this fee. Requests must be submitted in writing.
- f) Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- g) Ask us to limit what we use or share
  - a. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - b. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- h) Choose someone to act for you
  - a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - b. We will make sure the person has this authority and can act for you before we take any action.
- i) File a complaint if you feel your rights are violated
  - a. You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - b. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - c. We will not retaliate against you for filing a complaint.

#### Section C. Our Duties

- a) We are required by law to maintain the privacy and security of your protected health information.
- b) We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- c) We must follow the duties and privacy practices described in this notice and give you a copy of it.
- d) We will not use or share your 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.
- e) We reserve the write to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.
- f) For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Section D. Contacting Us

- a) Additional Questions, Submitting Requests or Complaints - If you have questions about this Notice or how or how Ketamine Psycholytic Therapy uses and discloses your protected health information please contact our clinic below.
- b) You may obtain forms needed for request submission from our clinic
- c) If you believe your privacy rights have been violated you may file a complaint with us or with the secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Ketamine Care Clinic  
1001 Gateway Avenue  
Bismarck, ND 58503

- d) Secretary of Health and Human Services, Office for Civil rights
  - a. For Online complaint forms and contact information for the regional OCR offices: <http://www.hhs.gov/ocr/privacy/index.html>
  - b. Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) for assistance or questions about complaint forms