

**HIPAA ACKNOWLEDGEMENT /  
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

I have received a Notice of Privacy Practices form Evansville Psychiatric Associates. I understand the statement:

**“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.”**

\_\_\_\_\_  
Signature of Patient / Parent / Guardian / Legal Representative\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*\*If you are a guardian or legal representative, copies of supporting documentation must be attached.*

*If signature is not the patients, print patient name here: \_\_\_\_\_*

The following is a small print version of our Notice of Privacy Practices. A full size notice is available at our office or from our website @ [www.evansvillepsychiatric.com](http://www.evansvillepsychiatric.com)

By order of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* all insurers, providers and other “covered entities” are required by law to provide this notice to patients, publish it on their website and prominently post this NOTICE OF PRIVACY PRACTICES with specific wording and language in their facility.

**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.**

**Uses and Disclosures:**

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical (and mental health) conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical (and mental health) records to all health professionals who may provide treatment or who may be consulted by staff members. Whenever possible we use data that does not identify you individually.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. These disclosures do not require your consent. For example, your health plan may request and receive information on dates of service provided, and the medical condition being treated. If your bill is sent to the guarantor listed on your account, this would contain information about you. If your bill becomes overdue, your billing information could be sent to an outside collection agency.

**Health care operations:** Your health information may be used as necessary to support the day-to-day activities and management of Evansville Psychiatric Associates. For example, information on the services you received may be used internally to support budgeting and financial reporting, and activities to evaluate and promote quality. We may use your health information to send you appointment reminders or other correspondence. We may provide your information to other health care personnel who provide you with care. Your chart may be selected for health oversight activities, internal audits to evaluate the skills of our personnel or external audits by your insurer or third party payor.

**Law enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. State law mandates us to report certain situations such as child abuse and neglect and situations where you or other persons are in imminent danger. Federal and local laws may also apply. If you are a member of the armed forces, we may be required by law to military command authorities.

**Public health reporting and balancing public health issues against individual privacy rights:** Your health care information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state’s public health department. We may report your information, only as minimally and legally necessary, if there is a serious threat to yourself or others. We could be required by law to provide information to legal authorities or Secret Service in matter of national security or military activity. We are required to report suspected or known child abuse and neglect.

**Other uses and disclosures require your authorization:** Disclosure of your health information or its use for any purpose other than those listed in this notice requires your specific written authorization. (See *Medical Records Release / Authorization for Use and Disclosure of Protected Health Information*.) If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

**Additional uses of information:**

Appointment reminders: Your health information will be used by our staff to send or call you with appointment reminders.

Although we use the utmost discretion, we may need to call you by name in our waiting room.

Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you. We never sell or release your information to any other company for the purpose of advertising or marketing.

Your PHI could be used in audits performed internally or from outside inspection agencies such as your insurance company or a government organization.

We do not perform fund raising for any organization.

We do not provide or sell protected health information to pharmaceutical companies or any other businesses.

**Individual Rights:** You have certain rights under the HIPAA federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment.
- the right to inspect and copy your protected health information. [Note: there are exceptions to these rules in regards to mental health and psychotherapy notes. These notes will not be released to the patient or others if there is a concern that information contained within could be harmful to the patient and/or the safety of any other person(s).]
- the right to amend or submit corrections to your protected health information.
- the right to receive an accounting of how and to whom your protected health information has been disclosed. [Note: For your information, the majority of our insurance billing is performed electronically and most requests for records are either hand delivered or sent in a special confidential envelope through first class mail.]
- the right to receive a printed copy of this notice.
- the right to choose how we send PHI to you, for example, if you wish to be called at work rather than your home, you may specifically designate this.

**Evansville Psychiatric Associates Duties:** We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. You may obtain copies of this notice from our front desk or you may print a copy from our website at [www.evansvillepsychiatric.com](http://www.evansvillepsychiatric.com)

We do not release data about you to family, friends or callers identifying themselves as such. For this reason it is important for you to communicate with us directly for appointments, prescriptions, etc. You may designate family members we are allowed to speak with on your *Medical Records Release / Authorization for Use and Disclosure of Protected Health Information*. The only exceptions involve emergency situations where there is an opportunity to avert serious threat to you or another's health and safety.

We are also required to abide by the privacy policies and practices that are outlined in this notice. We always carefully maintain your personal protected health information as completely confidential.

**Right to Revise Privacy Practices:** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Requests to Inspect Protected Health Information:** You may generally inspect or copy the protected health information that we maintain. You have the right to correct or update your PHI. As permitted by federal regulation, we require that requests to inspect or copy health information be submitted in writing. You may write this out or obtain a form to request access to your records by contacting our Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. [Again: Note that there are exceptions to these general medical standards when applied to mental health records, psychological testing and psychotherapy notes. If your clinician(s) deem that the information contained therein could harm you or others, we can by law hold that information.] There are standard charges for information retrieval and copying.

You may request a list of the disclosures that we have made. This list will not include disclosures such as those for treatment, payment, operations, those made to law enforcement or national security requests. This request must be made in writing. You must specify the time period for which you want the list of disclosures, but this request can not be longer than the preceding 6 years, not does it include dates before April 14, 2003. We will respond to this request within 60 days. You will not be charged for the first request, but additional request made within the same year will be charged for the provision of this list.

You have the right to place restrictions on how we use and disclose information as outlined in this notice. Any restrictions must be in writing and given to our Privacy Office. Although we will consider your request we are not legally required to accept it or explain our reasons for not accepting it.

**Complaints:** To submit a comment/complaint about our privacy practices, you may send a letter outlining your concerns to:

Privacy Officer - Evansville Psychiatric Associates  
2015 Maxwell Avenue  
Evansville, IN 47711

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

**Contact Person:** The person you may contact for further information concerning our privacy practices is:

Privacy Officer - Evansville Psychiatric Associates  
2015 Maxwell Avenue  
Evansville, IN 47711

Telephone (812) 422-7974

**Effective Date:** This notice is effective on or after April 14, 2003. The language in this notice was last updated on June 21, 2004

Patient Name: \_\_\_\_\_