



PATIENT PRIVACY NOTICE

Effective Date: 11/17/2008

THIS NOTICE WAS DEVELOPED IN ORDER TO COMPLY WITH THE NEW FEDERAL HIPPA A GUIDELINES. IT DESCRIBES HOW PSYCHIATRIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Patrick B. Ellis, D.O.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our office's practices and that of:

Any health care professional authorized to enter information into your file or record. All employees, staff and other personnel.

OUR PLEDGE REGARDING PSYCHIATRIC INFORMATION:

We understand that psychiatric information about you and your health is personal. We are committed to protecting psychiatric information about you. We create a record of the care and services you receive in our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways in which we may use and disclose psychiatric information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of psychiatric information.

We are required by law to:

- + make sure that psychiatric information that identifies you is kept private;
- + give you this notice of our legal duties and privacy practices with respect to psychiatric information about you; and
- + follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PSYCHIATRIC INFORMATION.

The following categories describe different ways that we use and disclose psychiatric information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use psychiatric information about you to provide you with medical treatment or services. We may disclose psychiatric information about you, with your written permission, to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Different departments of our practice also may share psychiatric information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose psychiatric information about you, with your written permission, to people outside the practice who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

For Payment: We may use and disclose psychiatric information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Appointment Reminders: We may use and disclose psychiatric information to contact you as a reminder that you have an appointment for treatment.

Treatment Alternatives: We may use and disclose psychiatric information to tell you about or recommend possible treatment options or alternative that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose psychiatric information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: With a signed consent form, we may release psychiatric information about you to a friend or family member who is involved in your psychiatric care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose psychiatric information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required By Law: We will disclose psychiatric information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose psychiatric information about you when necessary to prevent a serious threat to your health and safety or the health of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation: If you are an organ donor, we may release psychiatric information to organizations to handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release psychiatric information about you as required by military command authorities. We may also release psychiatric information about foreign military authority.

Workers' Compensation: We may release psychiatric information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Release of such information is controlled by state and/or federal law.

Public Health Risk: We may disclose psychiatric information about you for public health activities. These activities generally include the following:

- + to prevent or control disease, injury or disability;
- + to report births and deaths;
- + to report child abuse or neglect;
- + to report vulnerable adult abuse;
- + to report reactions to medications or problems with products;
- + to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- + to notify the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose psychiatric information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, of the provider not the patient. These activities are necessary for the government to monitor health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose psychiatric information about you in response to a court order by a judge, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release psychiatric information if asked to do so by a law enforcement official:

- + in response to a court order, subpoena, warrant, summons or similar process;
- + to identify or locate a suspect, fugitive, material witness, or missing person;
- + about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- + about a death we believe may be the result of criminal conduct;
- + about criminal conduct involving our practice; and
- + in emergency circumstances to report a crime; the location of the crime or victims; or the

identity, description or location of the person who committed the crime.

Medical Examiners and Funeral Directors: We may release psychiatric information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release psychiatric information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release psychiatric information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Other: We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release psychiatric information about you to the correctional institution or law enforcement official. This release would be necessary (1) for this practice to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PSYCHIATRIC INFORMATION ABOUT YOU.

You have the following rights regarding psychiatric information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy psychiatric information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy psychiatric information that may be used to make decisions about you, you must submit a signed release to your psychiatrist or psychotherapist. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel that psychiatric information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practice.

To request an amendment, your request must be made in writing and submitted to Patrick B. Ellis, D.O. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- + was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- + is not part of the psychiatric information kept by our practice;
- + is not part of the information which you would be permitted to inspect and copy; or
- + is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of

disclosures." This is a list of the disclosures we have made of your psychiatric information.

To request this list or accounting of disclosures, you must submit your request in writing to Patrick B. Ellis, D.O. Your request must state a time period, which may not be longer than six years and may not include dates before April 4, 2007. Your request should indicate in what form you want the list (for example, on paper or electronically, i.e. on disk or by e-mail). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the psychiatric information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the psychiatric information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Patrick B. Ellis, D.O. In your request restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about psychiatric matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Patrick B. Ellis, D.O. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of this Notice: You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for psychiatric information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are in our office for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Patrick Ellis at (405) 701-5666. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PSYCHIATRIC INFORMATION.

Other uses and disclosures of psychiatric information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose psychiatric information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose psychiatric information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

I warrant that I have read all terms and conditions of the Patient Privacy Notice and understand that I will be provided a copy upon request.

Signature of Patient

Signature of Parent/Guardian