



**Shane Sherbondy, M.D.
Notice of Privacy Practice**

This notice is applicable to Doctor Sherbondy, Staff and Independent Contractors.

This Notice explains how medical 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 inform the office staff.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Due to the sensitive and confidential nature of psychiatric care it is Sherbondy's Psychiatric Services policy that medical records will not be released without a signed consent / release by the patient and or legal guardian.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all (PHI) that we maintain at the time. Upon your request, we will provide you with any revised copy that can be sent to you in the mail or ask for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information:

Your (PHI) may be used and disclosed by your Mental Health Provider, our office staff and others outside of our office that are involved in your care and treatment for providing health care services to you. Your (PHI) may also be used and disclosed to pay your health care bills, and to support the operation of the physician's office.

Following are examples of the type of uses and disclosures of your (PHI) that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be used by this office.

Treatment: We will use and disclose your (PHI) to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your (PHI). For example, we would disclose your (PHI), as necessary, to a hospital that may provide care to you.

In addition, we may disclose your (PHI) to another physician, pharmacy or medical laboratory when they become involved in your care.

Payment: Your (PHI) will be used, as necessary, to obtain payment for your health care services. Sherbondy's Psychiatric Services may use and disclose a patient's medical information to obtain payment for treatment and services rendered. In general, payment includes verification of eligibility and pre-certification with a health plan, submission of billing information either directly or through a third-party clearinghouse for reimbursement, utilization reviews and collections.

Healthcare Operations: We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your (PHI), as necessary, to contact you to remind you of appointments. (For instance, we may leave a message on your voice mail, send mail to your address, or leave a reminder with another person at the telephone number you provide).

Other Permitted and Required Uses and Disclosures That May Be Made with Your Consent, Authorizations or Opportunity to

Object: You can agree or object to the use or disclosure of all or part of your (PHI).

If you are not present or able to agree or object to the use or disclosure of your (PHI), then your Mental Health Provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the (PHI) that is relevant to your health care will be disclosed.

Emergencies: We may use or disclose your (PHI) in any emergency treatment situation. If this happens, your Mental Health Provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to

Object: We may use or disclose your (PHI) in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your (PHI) to the extent that the use or disclosure is required by law. This will only be done in compliance with the law and will be limited to the relevant requirements of the law. You would be notified of this type of disclosure.

Communicable Disease: We may disclose your (PHI) if authorized by law, to a person contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your (PHI) to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your (PHI) if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure would be made consistent with requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your (PHI) to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, and track products to enable product recalls.

Legal Proceedings: We may disclose (PHI) during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). We may also disclose this information in response to a subpoena, discovery request, or other lawful process. We will always, attempt to avoid releasing your records without your consent.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your (PHI) if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose (PHI) if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation: We may disclose your (PHI) as authorized, to comply with worker's compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

YOU'RE RIGHTS

The following is a statement of your rights, with respect to your protected health information and a brief description of how you may exercise these rights.

You Have the Right to Request A Restriction of Your Protected Health Information: This means you may ask us not to use or disclose any part of your (PHI) for the purposes of treatment, payment, or healthcare operations. Your request must be a written statement with the restriction requested and to whom you want the restriction to apply.

You Have the Right to Receive Confidential Communications from Us by Alternative Means or At Any Alternative Location: We will accommodate reasonable requests. We will not require an explanation from you as the basis for this request. Please make this request in writing.

You Have the Right to Obtain a Paper Copy of This Notice from us, at any time upon request.