

Daniel L Sudakin, MD, MPH, LLC

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.

Health information which we receive and/or create about you, personally, relating to your past, present, or future health, treatment, or payment for health care operations, is “protected health information” under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse patient records maintained by this office is protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, we may not disclose to a person outside of this office that you are receiving treatment, or disclose any information identifying you as an alcohol or drug abuser, or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent state law that is more protective or stringent than either of these two Federal laws.

This Notice describes how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

- **Treatment:** We may use your health information and share it with other professionals who are treating you. For example, we may share information with other professionals providing you care.
- **Payment:** We will use and disclose your health information to bill and receive payment for the treatment and services we provide to you. For example, we may disclose your protected health information to your insurer to bill for services provided, or to request prior authorization for medications.
- **Health Care Operations:** Your protected health information may be shared within our clinic for normal business operations including quality assurance. For example, your information may be disclosed to internal staff for evaluating whether our business processes are efficient.
- **Qualified Service Organizations and/or Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this clinic, that assist our clinic in providing health care. Examples of qualified service organizations and/or business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this clinic through terms detailed in a written agreement.
- **To Avert A Serious Threat to Health or Safety:** We may disclose your health information when necessary to prevent a serious threat to your health and or the health or safety of the public or another person.
- **Research:** Under certain circumstances, this office may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one test or treatment to those who received another, for the same condition. All research projects, however, must be approved by an Institutional Review Board, or other privacy review board as permitted within the regulations, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

- **Health Oversight Activities:** This clinic may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the clinic is complying with regulatory mandates.
- **Judicial Proceedings:** This clinic may disclose your protected health information pursuant to an authorizing court order. This is a unique kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.
- **Crime on Clinic Premises or Against Clinic Personnel:** This clinic may disclose a limited amount of protected health information to law enforcement when a patient commits or threatens to commit a crime on the clinic premises or against clinic personnel.
- **Suspected Abuse and Neglect:** This clinic may report suspected abuse or neglect as mandated by state law.
- **Public Health Activities:** We may disclose your protected health information for public health reason to a public health authority that is authorized by law to collect or receive such information for reasons such as reporting or controlling disease, public health surveillance, reactions to medications, or product safety.
- **As Required By Law:** This clinic will disclose protected health information as required by state law in a manner otherwise permitted by federal privacy and confidentiality regulations.
- **Military and Veterans Activities:** If you are or were a member of the military, or part of the intelligence or national security communities, we may be required to release information about you to military command or other government authorities. We may be required to release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Appointment Reminders:** This clinic reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.
- **Family and Friends:** We may disclose your health information to family and friends if we obtain your verbal agreement or provide you with an opportunity to object to the disclosure and you do not. We may also disclose information to your family and friends when the circumstances indicate that you would not object. For example, if you bring a friend or family member to a treatment session. If, an emergency arises and you are unable to consent, we may use our professional judgment to determine whether disclosure to a family member or friend is in your best interest.
- **Other Uses and Disclosure of Protected Health Information:** Other uses and disclosures of protected health information not covered by this notice, will be made only with your written authorization or that of your legal representative. If you or your legal representative authorizes us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already taken action relying on the authorization.
- **Psychotherapy Notes:** Psychotherapy notes are those notes recorded by your mental health provider documenting or analyzing the contents of conversations with you, your family, or others during counseling sessions. These are not part of your health record and may only be disclosed with your written authorization.

Your rights regarding protected health information we maintain about you:

• **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, you may be charged a fee for the photocopying, mailing, or other costs associated with your request. In some very limited circumstances we may, as authorized by law, deny your request to inspect and obtain a copy of your protected health information. You will be notified of a denial to any part or parts of your request. Some denials, by law, are reviewable, and you will be notified regarding the procedures for invoking a right to have a denial reviewed. Other denials, however, as set forth in the law, are not reviewable. Each request will be reviewed individually, and a response will be provided to you in accordance with the law.

• **Right to Amend Your Protected Health Information:** If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- a) Is accurate and complete;
- b) Was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment;
- c) Is not part of the protected health information kept by or for us; or
- d) Is not part of the protected health information, which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

• **Right to an Accounting of Disclosures:** You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our clinic, or made pursuant to your authorization or made directly to you pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. 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 protected health information we are permitted to use or disclose about you for treatment, payment or health care operations within our clinic or made pursuant to your authorization. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health. If you pay for services 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 honor the request unless we are required

by law to share the information.

• **Right to Request Confidential Communications:** You have the right to request that we communicate with you about protected health information in a certain manner 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 this office, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

• **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, please contact Dr. Daniel Sudakin.

Alternatively, you can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights at:

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697

You may also file a report online at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

Our responsibilities:

This office is required to:

- a) maintain the privacy of your health information;
- b) provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- c) abide by the terms of this Notice; and
- d) notify you if there is a breach of your unsecured protected health information.

We reserve the right to change our policies and practices and to make the new provisions effective for all protected health information we maintain at any time. We will post a copy of the current Notice in our office, reflecting the effective date of the Notice at the end of the Notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

To receive additional information:

For further explanation, please contact Dr. Daniel Sudakin at (503) 894-9258.

Availability of Notice of Privacy Practices:

This notice will be posted where registration occurs and/or in Dr. Sudakin's office. You have a right to receive a copy of this notice, and all individuals receiving care will be given a hard copy.

Effective Date: January 1, 2021