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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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this is practice providers and other staff involved the patient's care may review the medical record and discuss the medical information. We may also discuss the patient's medical information with an outside provider involved with the patient's care.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. We may also provide medical records and other documentation to your health insurer to support the medical necessity of a health service. We may also provide consumer reporting agencies and/or our attorney with your credit information (your name, address, date of birth, social security number, account number, payment history).
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may use and disclose the patient's protected health information for other purposes included, but not limited to: individuals involved in care or payment of care, notification purposes, public health activities, health oversight activities, judicial and administrative proceedings, law enforcement purposes, coroners and medical examiners, funeral directors, organ and tissue donation, threat to public safety, specialized government functions, worker's compensation, business associates, incidental disclosures, and victims of abuse, neglect, or domestic violence.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with

your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restriction on certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations. For example, communicate via email or only contact you while you are at work.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper or electronic copy of this notice from us upon request. We also may impose charges for the cost involved in providing copies, such as labor, supplies, USB drive, and postage, as permitted by law. To request a copy, please submit a written request to our office.

You have the right to amend your protected health information, if the information incorrect or incomplete. However, in certain situations, we may deny your request.

You have the right to receive a copy of the Notice of Privacy Practices at any time.

We are required by law to notify you if there is a breach in your protected health information in a timely manner.

We are required by law to maintain the privacy of your protected health information. This notice is effective as of October 6, 2025, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provision effective for all protected health information that we maintain. We will post the new policy on our website and you may request a written copy of the revised Notice of Privacy Practices from the office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Office of Civil Rights

US Department of Health and Human Services

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