



*MonuMental Health*

## **NOTICE OF PRIVACY PRACTICES**

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**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.**

Effective Date: This notice is effective on 5/2020

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### **OUR DUTY TO SAFEGUARD YOUR “PROTECTED HEALTH INFORMATION”**

For effective treatment, we must collect and record information about you. Most of this information is “protected health information” (PHI). PHI includes individually identifiable information about your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for health care. We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any staff of MonuMental Health, LLC.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of our treatment, payment, health care operations or other purposes permitted or required by law. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization.

If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. We must also account for uses and disclosures as well as document them, so they are available to you at your request. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

### **USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to counselors, behavior analysts, technicians, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with our clinical supervisors. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as a psychiatrist for medication management or community mental health agencies involved in the provision or coordination of your care, such as a case manager.

**To obtain payment:** We may use/disclose your PHI to bill and collect payment for your health care services.

**For health care operations:** We may use/disclose your PHI while operating our community mental health. For example, we may use your PHI in evaluating the quality of services provided or disclose your PHI to our accountant or attorney for audit purposes.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also call to remind you of appointments.

## **USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION**

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The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**To avert threat to health or safety:** To avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.

## **USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION**

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For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action upon the uses/disclosures you have previously authorized.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to research staff and their designees to assist medical/psychiatric research.

**For specific government functions:** We may disclose PHI of military personnel and veterans as required by their authorities, to correctional facilities or law enforcement officials if you are under their custody, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

## **USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT**

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We may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

**To families, friends or others involved in your care:** We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

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You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request if it is reasonable for us to do so. You do not need to give us a reason, but you must specify how or where you wish to be contacted.

**To inspect and request a copy of your health information:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your health information used to make decisions about your care upon your written request. Usually, this would include clinical and billing records, but not psychotherapy notes. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your health information, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; disclosures to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**You have the right to receive this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

## **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

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If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201. We will take no retaliatory action against you if you make such complaints.

## **CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT**

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If you have questions about this Notice or any complaints about our privacy practices, please contact our Compliance Officer at:

*Nakeysha Marchena-Smith, President/Founder*  
*MMHealthTherapy@gmail.com*  
*Telephone: 954.283.7273*