

[PRACTICE NAME]

[Address] · [Phone] · [Privacy contact email]

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.

Effective date: DATE

1 Your rights

45 CFR 164.520(b)(1)(iv)

When it comes to your health information, you have certain rights.

1. **Get a copy of your health records.** You can ask to see or get an electronic or paper copy of your records. We will provide them, usually within 30 days of your request, and may charge a reasonable, cost-based fee.
2. **Ask us to correct your records.** You can ask us to correct information you think is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days.
3. **Request confidential communications.** You can ask us to contact you in a specific way, for example by cell phone, or to send mail to a different address. We will say yes to all reasonable requests.
4. **Ask us to limit what we use or share.** You can ask us not to use or share certain information for treatment, payment or our operations. We are not required to agree, and we may say no if it would affect your care. If you pay for a service or item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations, and we will say yes unless a law requires us to share it.
5. **Get a list of those with whom we have shared information.** You can ask for a list (accounting) of the times we have shared your information for six years before the date you ask, who we shared it with and why. It will include all disclosures except those for treatment, payment and health care operations, and certain others, such as any you asked us to make. Your first list in any 12-month period is free; we may charge a reasonable, cost-based fee for more.
6. **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to receive it electronically.
7. **Choose someone to act for you.** If someone has a medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority before we act.
8. **File a complaint if you feel your rights are violated.** Contact us using the information at the end of this notice, or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you for filing a complaint.

2 Your choices

45 CFR 164.520(b)(1)(ii)(E), (iii)

For certain health information, you can tell us your choices about what we share.

1. **You can tell us** whether we may share information with your family, close friends or others involved in your care, and whether we may share it in a disaster relief situation. If you are not able to tell us your preference — for example if you are unconscious — we may share it if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.
2. **We never share your information without your written permission** for marketing purposes, for the sale of your information, or — for most purposes — when it is psychotherapy notes. Other uses and disclosures not described in this notice are made only with your written authorization, which you may revoke in writing at any time.
3. **Delete if you do not fundraise.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

3 Our uses and disclosures

45 CFR 164.520(b)(1)(ii)

We typically use or share your health information in the following ways.

1. **To treat you.** We use your information and share it with other professionals who are treating you. *Example: a doctor treating you for an injury asks another doctor about your overall health condition.*

2. **To run our practice.** We use and share your information to run our practice, improve your care and contact you when necessary. *Example: we use your information to manage your treatment and services.*
3. **To bill for your services.** We use and share your information to bill and get payment from health plans or other entities. *Example: we give information about you to your health insurance plan so it will pay for your services.*

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good — only when we meet many conditions in the law:

- **Public health and safety:** preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Research,** under the conditions the law sets.
- **When the law requires it,** including to HHS if it wants to see that we are complying with federal privacy law.
- **Organ and tissue donation requests,** and **to medical examiners or funeral directors** when an individual dies.
- **Workers' compensation, law enforcement and other government requests:** workers' compensation claims; law enforcement purposes or a law enforcement official; health oversight agencies for activities authorized by law; and special government functions such as military, national security and presidential protective services.
- **Lawsuits and legal actions:** in response to a court or administrative order, or a subpoena.

STATE LAW — describe any stricter protections your state gives, for example for mental health, HIV, genetic or substance use information.

4 Substance use disorder records

45 CFR 164.520(b)(1)(iii)(D)–(E)

Keep this section only if you create, keep or receive records covered by 42 CFR Part 2; delete it otherwise. A Part 2 program must also give a notice meeting 42 CFR 2.22, which this template does not fully cover.

1. Substance use disorder treatment records we receive from programs covered by 42 CFR Part 2, or testimony about their content, will not be used or shared in civil, criminal, administrative or legislative proceedings against you unless you give written consent, or a court orders it after you or the holder of the record had notice and a chance to be heard. A court order must come with a subpoena or other legal requirement before the record is used or shared.
2. **Delete if you do not fundraise.** If we want to use or share such records for our fundraising, we will first give you a clear opportunity to choose not to receive any fundraising communications.

5 Our responsibilities

45 CFR 164.520(b)(1)(v)

1. We are required by law to maintain the privacy and security of your protected health information and to give you this notice of our legal duties and privacy practices.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time; let us know in writing.

6 Changes to this notice

45 CFR 164.520(b)(1)(v)(C)

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office and on our website.

7 Contact us

45 CFR 164.520(b)(1)(vii)–(viii)

Privacy contact (name or title)

Phone, and email or address

This notice is effective from

DATE