



## Essential Grace Mental Health Services LLC

# Privacy Policy

### OUR LEGAL RESPONSIBILITIES

We are required by law to give you this notice. It provides you with how we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information.

We have the right to change these policies at any time. If we change our privacy policies, we will notify you of these changes immediately. This current policy is in effect unless stated otherwise. If the policy is changed, it will apply to all your current and past health information.

You may request a copy of our notice any time. You may contact Essential Grace Mental Health Services, LLC 1300 N Palafox Street Suite 102-D Pensacola, FL 850-988-0060 at any time to request a copy of this privacy policy.

### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following examples describe ways that we may use your protected health information for your treatment, payments, healthcare operations etc. but please be advised that not every use or disclosure in a particular category will be listed.

**Treatment:** We may use and disclose your protected health information to provide you with treatment. This includes disclosing your protected health information to other medical providers, trainees, therapists, medical staff, and office staff that are involved in your health care.

For example, your medical provider might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your protected health information to other individuals outside of our office such as the pharmacy when a prescription is called in.

**Payment:** Your protected health information may also be used to obtain payment from an insurance company or another third party. This may include providing an insurance company with your protected health information for pre-authorization for a medication we prescribed.

**Health care operations:** We may use or disclose your protected health information in order to operate this medical practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you by telephone, email, or text to remind you of your appointments. If we must share your protected health information to third party "business associates" such as a billing service, if so, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may also use and disclose your protected health information for marketing activities. For example, we might send you a thank you card in the mail with a coupon for specialized services or products. We may also send you information about products or services that might be of interest to you. You can contact us at any point to stop receiving this information.

We will not use or disclose your protected health information for any purpose other than those identified in this policy without your specific, written Authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. You can revoke this authorization at any time but will not affect the protected health information that was shared while the authorization was in effect.

**Appointment reminders:** We may contact you as a reminder that you have an appointment for your initial visit, follow up visit, or lab work via text, phone or email.

**Others Involved in Your Health Care:** We may disclose protected health information about you to your family members or friends if we obtain your written consent to do so. If you have someone present at your evaluation, it will be documented that said person and relationship is present which constitutes your consent that you agree to have your personal, medical, and psychiatric information discussed while they are present. It is your responsibility to inform the provider whether you (if legal adult) desire for the individual to leave the evaluation at any time.



## Essential Grace Mental Health Services LLC

**Research:** We will not use or disclose your health information for research purposes unless you give us authorization to do so.

**Public Health Risks:** We may disclose your protected health information, if necessary, in order to prevent or control disease, report adverse events from medications or products, prevent injury, disability or death. This information may be disclosed to healthcare systems, government agencies, or public health authorities. We may have to disclose your protected health information to the Food and Drug Administration to report adverse events, defects, problems, enable recalls etc. if required by FDA regulation.

**Health Oversight Activities:** We may disclose protected health information to health oversight agencies for audits, investigations, inspections or licensing purposes. These disclosures might be necessary for state and federal agencies to monitor healthcare systems and compliance with civil law.

**Required by Law:** We will disclose protected health information about you when required to do so by federal, state and/or local law.

**Workman's compensation:** We may disclose your protected health information to workman's comp or similar programs.

**Lawsuits:** We may disclose your protected health information in response to a court action, administrative action or a subpoena.

**Law Enforcement:** We may release protected health information to a law enforcement official in response to a court order, subpoena, warrant, subject to all applicable legal requirements.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**Access to medical records:** You have the right to access and receive copies of your protected health information that we use to make decisions about your care. You must submit a written request to obtain your protected health information to the individual listed at the end of this privacy policy. We reserve the right to charge you a fee for the time it takes to obtain and copy the protected health information and provide it to you.

**Amendment:** If you believe the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You will need to submit a written request on why you feel the health information should be amended. We may deny your request to amend it if you did not send a written request or give a reason why it should be amended. If we deny your request, we will provide you with a written explanation. We may deny your request if we believe the protected health information is accurate and complete.

**Accounting of Disclosures:** You have the right to receive a list of instances in which we disclosed your personal health information unless the disclosure was used for treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations. You must submit a written request to obtain this "accounting of disclosures" to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the information to, a description of the information that was disclosed, the reason why it was disclosed, and any additional pertinent information. This information may not be longer than the statute of limitations set forth by Florida law prior to the date the accounting is requested. We reserve the right to charge a reasonable fee for this process.

**Restriction Requests:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. We shall accommodate your request except where the disclosure is required by law. We require this be a written request submitted to the individual at the end of this policy.

**Confidential Communication:** You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. We must accommodate your request if it is reasonable and allows us to continue to collect payments and bill you.

**Paper copy of this notice:** You may request a hard copy of this practice policy if you reviewed and signed it via electronic means. To obtain this copy, contact the individual at the end of this privacy policy.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office. You also file a complaint with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.



## Essential Grace Mental Health Services LLC

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Name of Contact Person:  
Kimberly Murphy APRN, PMHNP-BC  
850-988-0060

Please sign and date indicating you have read and understand your Patient Rights.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I further agree to be held accountable for the patient responsibilities as outlined above.

Patient Printed Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_