

## **Privacy Policy**

**Privacy Officer:** Eilis Clark MD

This notice describes how your medical information may be used, disclosed and safeguarded, and how you can get access to this information. Please review it carefully.

In the statement below, “I” and “My” refers to Eilis Clark MD.

### **I. My Responsibilities**

The confidentiality of your personal health information is very important to me. Your health information includes both clinical (symptoms, diagnoses, treatments) and administrative (billing, dates) material. Generally speaking, I am required to:

- 1) Maintain the privacy of your health information as required by law;
- 2) Provide you with this Notice of my duties and privacy practices regarding the health information about you that I collect and maintain;
- 3) Follow the terms of this Notice currently in effect.

### **II. Uses and Disclosures of Information**

Under federal law, I am permitted to use and disclose personal health information for treatment, payment, and health care operations without authorization. Here are some examples to clarify these terms:

**Treatment:** I consult with your doctors and/or therapist about your condition.

**Payment:** Your health information is disclosed to your insurer (if you use insurance benefits) to obtain reimbursement. In these situations, I will disclose only the minimum amount of information necessary.

**Health Care Operations:** This refers to administrative activities such as services or audits that relate to the operation of my practice.

### **III. Other Uses and Disclosures**

In the following situations I may be ethically or legally obligated to use or disclose your personal information without authorization:

**Serious Threat to Health or Safety:** I may disclose your health information to protect you or others from a serious threat of harm by you.

**Caregivers/Important Others:** Significant others in your life may be questioned or advised for safety issues

**Abuse, Neglect, or Domestic Violence:** If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment of a child; or that a disabled adult is in need of protective services, I must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information relevant to a protective services investigation, I must do so.

Judicial or Administrative Proceedings: In cases where you are involved in a court proceeding and a request is made for your personal health information, this information is privileged under state law and I will not release it without your consent or a court order.

Health Care Oversight: I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.

Food and Drug Administration (FDA): I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

Required By Law: I may disclose health information about you as required by federal, state, or other applicable law. You will be notified, if required by law, of any such disclosures.

#### **IV. Psychotherapy Notes**

In your care with me, I may keep separate notes about our conversations. These notes, known as “psychotherapy notes”, are kept apart from the rest of your medical record and their confidentiality is subject to greater protection. They do not include basic medical information about your diagnosis or treatment.

Psychotherapy notes may be disclosed only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for me to prevent harm to yourself or others, and to report child abuse/neglect).

Psychotherapy notes are also not among the records that you may request to review or copy (see discussion of your rights in section V below).

We use practice fusion for electronic medical records. Their privacy policy may be found at [www.practicefusion.com](http://www.practicefusion.com)

Please be aware that regular email, text messaging and videoconferencing are not guaranteed private. Our practice portal [www.patientfusion.com](http://www.patientfusion.com) and video conferencing [www.doxy.me](http://www.doxy.me) are HIPAA compliant. Emails from us secured by the service of [www.virtu.com](http://www.virtu.com) are HIPAA compliant.

#### **V. Your Health Information Rights**

Under the law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- a) Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction.
- b) Request that I communicate with you by alternative means. I will accommodate reasonable requests for such confidential communications; for example, if you do not want a family member to know you are seeing me I can send correspondence to an alternate address.
- c) Request to review, or to receive a copy of, the health information about you that is maintained in my files and the files of my business associates (if applicable). If I am unable to satisfy your request, I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.

d) Request that I amend the health information about you that is maintained in my files and the files of my business associates (if applicable). Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.

e) Request a list of my disclosures of your health information. This list, known as an “accounting” of disclosures, will not include certain disclosures, including those made for treatment, payment, or health care operations.

f) Request a paper copy of this Notice.

To exercise any of your rights described above, you must submit your request in writing to me. If you have questions about your rights, please speak to me in person during normal office hours.

## **VI. For More Information or to Report a Problem**

If you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to:

Mind Time  
3962 Roscoe Rd  
Hernando, FL 34442  
(352) 631-7460

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me.

You may complain to the Secretary of Health and Human Services (HHS) at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
1(800)368-1019  
[OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov)

I cannot make you waive your right to file a complaint with HHS as a condition of receiving care from me, or penalize you for filing a complaint with HHS.

## **VII. Revisions to this Notice**

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties, or other privacy practices described in the Notice, I will promptly distribute the revised Notice, post it in the waiting area of my office, make copies available to my patients and others, and post it at [www.mindtime.net](http://www.mindtime.net).

*Effective Date: April 14, 2017*