

**Arman Taghizadeh, M.D., LLC
Child, Adolescent & Adult Psychiatry
Sports Psychiatry**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by our practice be kept confidential. We take the privacy of your health information seriously, and we are committed to protecting your health information that is entrusted to us. This notice applies to all records that we maintain, whether electronically, paper, or orally, which contain your protected health information (PHI).

We may use and disclose your medical records for the following purposes only:

- 1. Comprehensive treatment, which means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this is sharing a psychiatric evaluation with your primary care physician.**
- 2. Health care operations, which includes 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.**
- 3. Payment requirements, which may include treatment plan submission, utilization review, or collection activities.**

We may use or disclose your PHI without prior authorization if in our professional judgment there is a serious threat to your health or public safety. As required by law, we may disclose information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. We may disclose your health information to areas designated by you to remind you about appointments, or to inform you about treatment alternatives or other health-related benefits that may be of interest to you. We may disclose health information about you for purposes related to workers' compensation, as required and authorized by law.

If you are an unemancipated minor, there may be circumstances in which we disclose health information about you to a parent or guardian in accordance with our legal and ethical responsibilities.

As permitted by law, we may have to change this notice from time to time.

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to our office:

- 1. You may request restrictions on certain uses and disclosures of your PHI. We may not agree to a requested restriction and cannot take back any disclosures already made.**
- 2. You may request to inspect and copy (at a charge) your PHI, under the supervision of your treating clinician.***
- 3. You may request in writing that your PHI be amended.**
- 4. You may receive an accounting of disclosures made of your PHI.**
- 5. You have a right to receive a printed copy of this notice.**

***Psychotherapy notes may only be released by a therapist to another health care professional after you have given written release to do so. You may only review or copy your psychotherapy notes under the supervision of your therapist. A therapist has the right to use professional judgment to protect confidentiality of each patient by not releasing notes of psychotherapy sessions in certain situations. This should be discussed with the therapist.**

If you believe your privacy rights have been violated, you should call the matter to our attention. You have the right to file a written complaint with the Dept. of Health and Human Services, Office of Civil Rights. They can be reached toll-free at 877-696-6775. We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practice

Patient: _____ **Birthdate:** _____

Parent/Guardian (If applicable): _____

I acknowledge that I have reviewed a copy of the Notice of Privacy Practices.

Signature _____ **Date:** _____

Guardian Signature: _____ **Relationship:** _____