

Notice of Privacy Practices

Flatland Psychiatry, PLLC
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THIS NOTICE EXPLAINS HOW YOUR HEALTH RECORDS AND MEDICAL INFORMATION MAY BE SHARED OR DISCLOSED, AND HOW YOU CAN VIEW AND GET ACCESS TO THIS INFORMATION. READ THIS CAREFULLY.

This Notice is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). This Notice also sets out Flatland Psychiatry's legal obligations concerning your health information. Additionally, this Notice describes your rights to access and control your health information.

If you have questions or want additional information about the privacy practices described in this Notice, please contact in writing:

Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413.

What is Protected Health Information?

Protected health information (PHI) is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse, that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of healthcare to you; or (iii) the past, present or future payment for the provision of health care to you. Unsecured PHI is PHI that is not secured through the use of a technology or methodology that renders PHI unusable, unreadable or indecipherable.

Our Responsibilities:

Flatland Psychiatry, PLLC is required by law to maintain the privacy of your PHI. Flatland Psychiatry is also obligated to provide you with a copy of this Notice of our legal duties and our privacy practices with respect to PHI and to abide by the terms of this Notice. Flatland Psychiatry reserves the right to change the provisions of this Notice and make the new provisions effective for all PHI that Flatland Psychiatry maintains. If Flatland Psychiatry makes a material change to this Notice, Flatland Psychiatry will make a copy of the revised Notice available to you as required by law.

Primary Uses and Disclosures of Protected Health Information:

Generally, except for the purposes discussed below, Flatland Psychiatry cannot use or disclose your PHI without your written authorization.

The following is a description of how Flatland Psychiatry is most likely to use and/or disclose your PHI when necessary for the administration of your group health plan.

Flatland Psychiatry and/or its business associates, which may include auditors, actuarial consultants, lawyers, third-party administrators, insurers, health care providers, technology vendors and pharmacy benefit managers under contract with Flatland Psychiatry, may use and disclose health information about you to carry out payment, treatment and health care operations, and for other purposes that are permitted or required by law. When "Flatland Psychiatry" is used in this Notice, these business associates are intended to be included. Neither Flatland Psychiatry nor its business associates require your consent or authorization to use or disclose your PHI to carry out these functions.

Payment and Health Care Operations

Flatland Psychiatry has the right to use and disclose your PHI for all activities that are included within the definitions of "payment," "treatment" and "health care operations" as set out in 45 C.F.R. § 164.501 (this provision is a part of what is known as

the “HIPAA Privacy Regulations”). Flatland Psychiatry has not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

Payment

Flatland Psychiatry may use or disclose your PHI to obtain premiums (contributions), to determine eligibility, coverage or cost share, to obtain or provide reimbursement for the provision of health care, or otherwise fulfill its responsibilities for coverage and providing benefits as established under the Master Benefit Plan Documents detailing the plan benefits. For example, Flatland Psychiatry may disclose your PHI when a provider requests information regarding your eligibility for coverage under the health plan, or when health care providers submit claims for payment for treatment you have received that may be covered by the health plan. Flatland Psychiatry may use your PHI when necessary to determine if a treatment that you received was medically necessary, and may also undertake utilization review activities, including preauthorization, concurrent or retrospective review of services. If, however, you pay for an item or service in full, out of pocket and request that we not disclose to your health plan the medical information solely relating to that item or service, as described more fully in Section IV of this Notice, we will follow that restriction on disclosure unless otherwise required by law.

Treatment

We may use and disclose medical information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose medical information about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing health care to you (both within and outside of Flatland Psychiatry). For example, should your care require referral to or treatment by another physician of a specialty outside of Flatland Psychiatry, we may provide that physician with your medical information to aid the physician in his or her treatment of you.

Health Care Operations

Flatland Psychiatry may use or disclose your PHI to support plan administration functions. These functions include, but are not limited to: specification of coverages; claims administration; quality assessment and improvement; promoting efficiency and the reduction of health care costs; prevention of waste, fraud and abuse in health care operations, case management, and care coordination; reviewing provider performance and credentials; and for strategic planning, including using relevant information to obtain stop-loss coverage for the health plan. For example, Flatland Psychiatry may use your PHI (i) to provide you with information about one of the health plan’s disease management programs; (ii) to respond to a customer service inquiry from you, or, (iii) when certain conditions are met, to inform you about health-related benefits or services that may be of interest to you; or (iv) to obtain bids or quotes from potential business associates that provide services to the health plan.

Business Associates

Flatland Psychiatry contracts with individuals and entities (business associates), usually auditors, actuarial consultants, third-party administrators, insurers, health care providers, technology vendors or pharmacy benefit managers, to perform various functions on behalf of the health plan or to provide certain types of services for the health plan. Some of the functions they provide are performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; eligibility underwriting; pharmacy benefit management and technological functions. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after Flatland Psychiatry requires the business associates to agree in writing to contract terms designed to appropriately safeguard your information. Business associates are required to agree, in writing, to maintain the confidentiality of the PHI to which they are provided access and to notify ERS in the event of a breach of your unsecured PHI. If the business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. Flatland Psychiatry will not disclose any of your PHI for marketing purposes. Flatland Psychiatry will not sell your PHI to third parties. The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where Flatland Psychiatry will only receive remuneration for its costs to prepare and transmit the health information, for treatment and payment purposes, for a business associate or its subcontractor to perform health care functions on Flatland Psychiatry's behalf, or for other purposes as required and permitted by law. Uses and disclosures not described in this Notice will be made only with your written authorization.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways that Flatland Psychiatry may (and is permitted to) use and/or disclose your PHI.

Required by Law

Flatland Psychiatry may use or disclose your PHI to the extent that federal, state, or local law requires the use or disclosure. When used in this Notice, “required by law” is used as it is defined in the HIPAA Privacy Regulations.

Public Health Activities

Flatland Psychiatry may use or disclose your PHI for public health activities that are permitted or required by law. For example, Flatland Psychiatry may use or disclose information for the purpose of preventing or controlling disease, injury or disability, or Flatland Psychiatry may disclose such information to a public health authority authorized to receive such information. Flatland Psychiatry also may disclose your PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority, although such a disclosure would not be routine and would occur only in very rare circumstances.

Governmental and Health Oversight Activities

Flatland Psychiatry may disclose your PHI to the Texas Legislature or other agencies of the state or federal government, including, but not limited to, health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.

Abuse or Neglect

Flatland Psychiatry may disclose your PHI to a government authority that is authorized by law to receive reports of child abuse or neglect, or domestic violence. Additionally, as required by law, Flatland Psychiatry may disclose your PHI to a governmental entity authorized to receive such information if Flatland Psychiatry has information that you may have been a victim of abuse, neglect, or domestic violence.

Legal Proceedings

Flatland Psychiatry may disclose your PHI: (i) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (ii) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (iii) in response to a subpoena, discovery request or other lawful process, once Flatland Psychiatry has met all administrative requirements of the HIPAA Privacy Regulations.

Law Enforcement

Under certain conditions, Flatland Psychiatry also may disclose specific aspects of your PHI to law enforcement officials, as provided by law. Some of the reasons for such a disclosure may include, but not be limited to: (i) because it is required by law or some other legal process; (ii) because it is necessary to locate, apprehend or identify a suspect, fugitive, material witness, or missing person; and (iii) because it is necessary to provide evidence of a crime.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

Flatland Psychiatry may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. Flatland Psychiatry also may disclose, as authorized by law, PHI to funeral directors so that they may carry out their duties. Further, Flatland Psychiatry may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research

Flatland Psychiatry may disclose your PHI to researchers when an institutional review board or privacy board has: (i) reviewed the research proposal and established protocols to ensure the privacy of the information; and (ii) approved the research.

To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, Flatland Psychiatry may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Flatland Psychiatry may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security, Protective Services

Under certain conditions, Flatland Psychiatry may disclose your PHI if you are, or were, armed forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates

If you are an inmate of a correctional institution, Flatland Psychiatry may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.

Worker's Compensation

Flatland Psychiatry may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Others Involved in Your Healthcare

Unless you object, Flatland Psychiatry may disclose your PHI to a friend or family member that you have identified as being involved in your health care and have authorized to receive such information. Flatland Psychiatry also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then Flatland Psychiatry may, using its professional judgment, determine whether the disclosure is in your best interest. Flatland Psychiatry will attempt to gain your personal authorization when possible before making such disclosures.

Other

For those specialized government functions set forth in the regulations promulgated pursuant to HIPAA or such other purposes provided under HIPAA.

When using or disclosing PHI or when requesting PHI from another covered entity, Flatland Psychiatry will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purposes, taking into consideration practical and technological limitations. When practicable, Flatland Psychiatry will limit uses or disclosures to a limited data set. However, this minimum necessary standard will not apply to disclosures to or requests made by a health care provider for treatment purposes, uses or disclosures made to you, uses or disclosures authorized by you, disclosures made to the Secretary of the U.S. Department of Health and Human Services ("Secretary of HHS"), uses or disclosures required by law, and uses or disclosures that are required by Flatland Psychiatry's compliance with legal requirements. This Notice does not apply to health information that has been de-identified, or information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you. In addition, Flatland Psychiatry may use or disclose information in a limited data set, provided that it enters into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI that excludes certain direct identifiers relating to you and your relatives, employers and household members.

Disclosures to the Secretary of the U.S. Department of Health and Human Services

Flatland Psychiatry is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA Privacy Regulations.

Disclosures to You

Flatland Psychiatry is required to disclose to you most of your PHI in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. Flatland Psychiatry is also required to provide, upon your request, an accounting of the disclosures of your PHI. In many cases, your PHI will be in possession of a plan administrator or pharmacy benefits manager. If you request PHI, Flatland Psychiatry will work with the administrator or pharmacy benefits manager to provide your PHI to you.

Other Uses and Disclosures of Your Protected Health Information

Genetic information cannot be used for underwriting purposes. Some kinds of information, such as HIV-related information, alcohol or drug abuse treatment information, mental health information, and sexually transmitted disease testing information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information.

For more information regarding this type of sensitive information, please contact the Privacy Officer. Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide Flatland Psychiatry with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that Flatland Psychiatry already has used or disclosed, in reliance on the authorization.

Your Rights

Right to Request a Restriction

You have the right to request a restriction on the PHI Flatland Psychiatry uses or discloses about you for payment or health care operations. Flatland Psychiatry is not required to agree to any restriction that you may request. If Flatland Psychiatry does agree to the restriction, Flatland Psychiatry will comply with the restriction unless the information is needed to provide emergency treatment to you. You have the right to ask your health care provider not to disclose your information to us if you have paid for the service in full, and the disclosure is not otherwise required by law. The request for a restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. You may request a restriction by writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. In your request, tell the Privacy Officer: (i) the information for which you want to limit disclosure, and (ii) how you want to limit Flatland Psychiatry’s use and/or disclosure of the information.

Right to Request Confidential Communications

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that Flatland Psychiatry communicate with you regarding your information in an alternative manner or at an alternative location. For example, you can ask that Flatland Psychiatry only contact you at your work address or via an alternate email address, although many agencies may not let you receive personal email. However, Flatland Psychiatry will not send PHI by email unless it is possible for the PHI to be encrypted. You may request alternate communication by writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. In your request tell Flatland Psychiatry: (i) the parts of your PHI that you want Flatland Psychiatry to communicate with you in an alternative manner or at an alternative location, and (ii) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

Right to Inspect and Copy

You have the right to inspect and obtain a paper or electronic copy of your PHI that is contained in a “designated record set.” If you would like an electronic copy of your PHI, we will provide you with a copy in the electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed. Generally, a “designated record set” contains medical and billing records, as well

as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. To inspect and copy your PHI contained in a "designated record set," you must submit your request in writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. If you request a copy of the information, Flatland Psychiatry may charge a fee for the costs of compiling, copying, mailing, or other supplies associated with your request. As noted above, your PHI will often be held by an administrator or pharmacy benefits manager for the health plan. In such case, Flatland Psychiatry will coordinate with the administrator or pharmacy benefits manager to provide to you the PHI you request. The Privacy Officer may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. In the event the denial was based on certain reviewable grounds involving an initial determination by a licensed health care professional, as set forth in the Privacy Regulations, Flatland Psychiatry will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, the Privacy Officer will inform you in the denial that the decision is not reviewable.

Right to Request Amendment

If you believe that your PHI is incorrect or incomplete, you may request that Flatland Psychiatry amend your information. You may request that Flatland Psychiatry amends your information by writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. Additionally, your request should include the reason the amendment is necessary. In certain cases, the Privacy Officer may deny your request for an amendment. For example, the Privacy Officer may deny your request if the information you want to amend is not maintained by Flatland Psychiatry, but by another entity, or was not created by Flatland Psychiatry, but by another medical provider. If the Privacy Officer denies your request, you have the right to file a statement of disagreement with the Privacy Officer. Your statement of disagreement will be linked with the disputed information, and all future disclosures of the disputed information will include your statement.

Right to be Notified of a Breach of Unsecured PHI

You have the right to be notified of a breach of your unsecured PHI. A breach means the acquisition, access, use, or disclosure of your unsecured PHI in a manner not permitted under HIPAA that compromises the security or privacy of your PHI. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.

Right to an Accounting

You have a right to an accounting of the disclosures of your PHI. An accounting will include the date(s) of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose for the disclosure. You may request an accounting by submitting your request in writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. Your request may be for an accounting of disclosures made up to three (3) years before the date of your request. The first list you request within a 12-month period will be free. For additional lists, Flatland Psychiatry may charge you for the costs of providing the list. Flatland Psychiatry will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have previously agreed to accept this Notice electronically. You may obtain a paper copy by writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413.

Complaints

You may complain to Flatland Psychiatry if you believe that Flatland Psychiatry has violated your privacy rights. You may file a complaint with Flatland Psychiatry by writing to: Privacy Officer, Flatland Psychiatry, 3521 50th St. #1105, Lubbock, TX 79413. You also may file a complaint with the Secretary of Health and Human Services. Complaints filed directly with the Secretary of Health and Human Services must: (i) be in writing; (ii) contain the name of the entity against which the complaint is lodged; (iii) describe the relevant problems; and (iv) be filed within 180 days of the time you became or should have become aware of the problem. Flatland Psychiatry will not penalize or in any other way retaliate against you for filing a complaint with Flatland Psychiatry or with the Secretary of Health and Human Services.

Effective Date

This notice was published on or before February 15, 2025, became effective on February 15, 2025.

By signing below, I affirm that I have read the privacy policy notice above and agree to the terms.

Patient Name: _____

Signature: _____ **Date:** _____