



Perry Psychiatry, LLC  
Psychiatric Mental Health Services

## Notice of Privacy Practices

### PRIVACY

Your provider is required by state and federal law to maintain the privacy of your protected health information (PHI), including any identifiable information about your physical or mental health, the health care you receive and the payment for your health care.

Your provider is required by law to provide you with this notice, to tell you how it may use and disclose your PHI and to inform you of your privacy rights. Your provider must follow the privacy practices as set forth in the Notice of Privacy Practices. This notice refers only to the use/disclosure of PHI. It does not change existing laws, regulations and policies regarding informed consent for treatment.

Your provider may use/disclose your PHI for treatment and payment purposes without your authorization. Otherwise, your written authorization is needed, unless an exception in this notice applies.

### CHANGES TO THIS NOTICE

Your provider may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that your provider already has, as well as PHI that your provider RECEIVES IN THE FUTURE. The most current Privacy Notice will be posted in this office and available upon request.

### USE/DISCLOSURES RELATING TO TREATMENT AND PAYMENT

The following examples describe some, but not all, of the uses/disclosures that are made for

treatment and payment:

#### *For Treatment*

Your PHI will be used to determine your eligibility for treatment services provided by your provider, to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments, as well as supervision and consultation of your case.

#### *To Obtain Payment*

Your provider may use/disclose your PHI to bill and collect payment for your health care services.

### USES/DISCLOSURES REQUIRING AUTHORIZATION

Your provider is required to have a written authorization from you or your personal representative with the legal authority to make health care decisions on your behalf for uses/disclosures beyond treatment and payment unless an exception listed below applies. You may cancel an authorization at any time if you do so in writing. A cancellation will stop future uses/disclosures except to the extent that your provider has already acted, based upon your authorization.

### EXCEPTIONS

- For judicial proceedings, if certain criteria are met;
- For protection of victims of abuse or neglect;
- If you agree, verbally or otherwise, your provider may disclose a limited amount of PHI for the following purposes:



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To Family and Friends- your provider may share information directly related to their involvement in your care, or payment for your care.

-To correctional institutions, if you are an inmate;

-For federal and state oversight activities, such as fraud investigations, usual Incident reporting and protection and advocacy activities;

-If required by law or for law enforcement or national security;

-To EOHHS and/or its agencies, such as MassHealth, DCF, DDS, DYS, DYA and DPH for functions including services delivery, eligibility and program management;

-To avoid a serious and Imminent threat to public health or safety;

### **YOUR RIGHTS**

You, or a personal representative with legal authority to make health care decisions on your behalf, have the right to:

-Request that your provider uses a specific address or telephone number to contact you. Your provider is not required to comply with your request.

-Obtain, upon request, a copy of this notice or any revision of this notice, even if you agreed to receive it electronically;

-Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited

circumstances. If you are denied access, in certain circumstances, you may request that the denial be reviewed. Fees may be charged for copying and mailing;

-Request additional or corrections to your PHI. Your provider is not required to comply with a request. If it does not comply with your request, you have certain rights;

-Receive a list of individuals who received your PHI from your provider (excluding disclosures made for treatment, payment and healthcare operations and some required disclosures);

-Ask that your provider restricts how it uses or discloses you PHI. Your provider is not required to agree to a restriction.

**These requests must be made in writing.**

Secretary of Health and Human Services  
Office for Civil Rights  
U.S. Department of Health and Human Services  
JFK Federal Building, Room # 1875  
Boston, MA 02203