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NOTICE OF PRIVACY PRACTICES EFFECTIVE DATE 1-1-2017

This Notice of Privacy Practices ("Notice") applies to: Victoria Kelly MD LLC, 7110 W. Central Ave, Suite C, Toledo, Ohio, 43617.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION ("PHI") :

We understand that your health information is personal. We are committed to keeping your PHI safe. This notice will tell you about the ways we may use and disclose your PHI, your privacy rights, and our duties regarding PHI. We are required by law to make sure that your PHI is kept private, give you this Notice of our legal duties and privacy practices, notify you of a breach of unsecured PHI, and follow the terms of the Notice that is currently in effect.

YOUR PRIVACY RIGHTS WITH RESPECT TO PHI :

The following is a list of your rights and how you may exercise these rights.

- **Right to Request Restrictions** - You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are required to honor the request to restrict disclosures of PHI to a health plan where you have paid out-of-pocket in full for the healthcare item or service you have received. Otherwise, although we will consider your request, we are not required to agree to or abide by your request. You must make your request for any restrictions or limitations in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. In your request, he must tell us what PHI you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want delimits to apply (for example, disclosures to your spouse).
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, and be sure to provide an appropriate telephone number.
- **Right to Review and Copy** - You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. If you request a copy of the PHI, then we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our healthcare provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the owner.
- **Right to Amend** - If you feel that PHI we have asked about you is incorrect or incomplete, then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that was not created by us, is not part of our records, is not part of the PHI which you would be permitted to see and get a copy of, or we believe the information is accurate and complete.
- **Right to on Accounting of Disclosures** - you have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or health care operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request and parentheses. There will be no charge for the first list you request within a 12 month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.

Success and Wellness Associates – Victoria Kelly MD LLC – Notice of Privacy Practices

- **Right to a Paper Copy of This Notice** - You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*.

THE WAYS WE MAY USE AND DISCLOSE YOUR PHI :

Federal law allows us to use or disclose your PHI without your permission for the following purposes:

For Treatment - For example, treatment may include:

- Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care
- Coordinating services you need, such as prescriptions, lab work, and x-rays
- Contacting you for appointment reminders
- Contacting you about health-related benefits and services
- Disclosing to a doctor outside of the health system for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slowly healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals
- Updating your healthcare providers about care you received

For Payment - For example, payment may include:

- Determining eligibility for healthcare services and pre-certifying benefits
- Coordinating benefits with insurance payers
- Billing and collecting for healthcare services provided
- Facilitating payment to another provider who has participated in your care

For Health Care Operations - For example, healthcare operations may include:

- Improving quality of care
- Accrediting certifying licensing or credentialing healthcare providers
- Reviewing competence or qualifications of healthcare professionals
- Developing maintaining and supporting computer systems
- Managing budgeting and planning activities and reports
- Improving healthcare processes, reducing healthcare costs, and accessing organizational performance for us and other healthcare providers and health plans that care for you

ADDITIONAL USES AND DISCLOSURES FOR WHICH AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY HIPAA

- **Research** - We may contact you about research studies you may qualify for so that you can decide if you want to participate. If you qualify to participate in a research study, then you will be asked to sign a separate consent form to participate in the project that includes an authorization for use in possible disclosure of your information outside the health system.
- **As Required by Law** - We will disclose PHI about you when required to do so by federal, state, or local law.
- **Public Health Risks** - As required by law, we may disclose your PHI with public health authorities to prevent or control disease, injury, or disability; report communicable diseases or infection exposure such as HIV, hepatitis, or tuberculosis; report medical device safety issues and adverse events to the federal FDA; and report vital events such as births and deaths.
- **Victims of Abuse, Neglect, or Domestic Violence** - We may disclose your PHI to government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or licensure. Healthcare oversight agencies include government agencies that oversee the healthcare system, government benefits, programs, and agencies that enforce civil rights laws.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in the course of an administrative or judicial proceeding, such as in response to a court order or subpoena as permitted by federal and state law.
- **Law Enforcement** - We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at an office site or providing routine reporting to law enforcement agencies, such as for gunshot wounds.
- **Deceased Persons PHI** - We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **Organ and Tissue Donation** - We may disclose your PHI to organizations that handle organ, tissue, and I procurement to facilitate organ, tissue, and I donation and transplantation.

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- **To Avert a Serious Threat to Health or Safety** - We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public's health and safety, or another person's health and safety.
- **Specialized Government Functions** - We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veterans activities required by the law.
- **Workers Compensation** - We may disclose your PHI to workers compensation as required by workers compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Disaster Relief Efforts** - We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative, or another person responsible for your care.
- **Individuals Involved in Your Care or Payment for Your Care** - We may communicate with your family, friends, or others involved in your care or payment for your care. For example, an emergency room doctor may discuss a patient's treatment in front of your friend if you ask that your friend come into the room.
- **Other Uses and Disclosures Made Only with your Written Permission** - All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission, as described in this Notice. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or disclose PHI about you, for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI. Most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your authorization. Other uses and disclosures not described in the Notice will be made only with your authorization.

OUR DUTIES

- **Notice Changes** - We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this notice will be available at registration locations. The current Notice will also be posted at our website. The effective date of the notice will be posted on the first page.
- **Email** - We ask you not to use your email in contacting our healthcare providers, personally. Emails sent to and from your personal email address are not secure and could be read by a third-party.
- **Complaints** - If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint. You may also file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Ave. S W, Washington DC, 20201, or call toll-free 877-696-6775, by email to OCRComplaint@hhs.gov or to Region V, Office for Civil Rights, US Department of Health and Human Services, 233 North Michigan Ave, Suite 240, Chicago, IL 60601, voice phone 312-886-2359, fax 312-886-1807, or TDD 312-353-5693.

Signature below is only acknowledgement that you received this Notice of our Privacy Practices:

Client / Legal Guardian Printed Name

Signature

Date

Witness – Printed Name

Signature

Date