



Coping Nurse Practitioner in Psychiatry Services, P.C.

You Are No Good To Anyone If You Are No Good To Yourself™

Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You May Receive Access To This Information. **Please Review It Carefully.**

I. Our Commitment To You

Coping Nurse Practitioner in Psychiatry Services, P.C. is committed to maintaining the privacy of your health information. During your treatment with us, physicians, nurses, and other personnel may collect information about your health history and your current health status. This Notice explains how that information, called "Protected Health Information" may be used and disclosed to others. The terms of this Notice apply to health information produced or obtained by Coping Nurse Practitioner in Psychiatry Services, P.C.

II. Your Rights. You have the right to

- **Get a Copy of your paper or electronic medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. This does not include psychotherapy notes.
- **Correct your paper or electronic medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit the information we share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared your information.** You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why. We will include disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those that you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve months.
- **Get a Copy of this privacy notice:** You can ask for a paper copy of this Notice of Privacy Practices, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you believe your privacy rights have been violated.** You can complain if you feel we violated your rights by contacting us using the Contact Information below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You may also be able to file a complaint with your state. We will not retaliate against you for filing a complaint.

III. Your Choices. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

Notice of Privacy Practices form, effective November 1, 2023.

- Share information in a disaster relief situation
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you, but you can tell us not to contact you again.

IV. Our Uses And Disclosures. We typically use or share your health information in the following ways:

- **Treat you.** We can use and may share your health information with other professionals who are treating you. *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.
- **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example:* We give your health information to your health insurance plan so it will pay for your services.
- **Run our organization.** We can use and share your health information to run our practice, which includes planning, management, quality assessment, and improvement activities for the treatments that we deliver and to contact you when necessary. *Example:* We use your health information to manage your treatment and services.

How else can we share your information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Do research.** We can use or share your information for health research.
- **Comply with the Law.** We will share information about you if federal, state, or local law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law..
- **Help with public health and safety issues.** We can share health information about you to prevent disease, help with product recalls, report adverse reactions to medications, report suspected child abuse, negligence, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **Respond to organ and tissue donation requests.** We can share your health information with organ procurement organizations.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Work with a coroner, medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

V. Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you do change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

VI. Our Responsibilities

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VII. Other Instructions for Notice

Other Laws: There may be state or other laws that require greater limits on disclosures.

For further information: If you have questions, or would like additional information, you may contact our Privacy Officer at 516-247-3525 ext 101.

Changes to this Notice: We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, at our reception desk, and on our website (www.copingnpservices.com).

Contact Information: Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Privacy Officer at info@copingnpservices.com.

Effective Date: This Notice is effective as of November 1, 2023.