

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Blue River Psychiatry NP PLLC is required under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to provide you with a description of the types of information that we gather about you, with whom that information may be shared, the safeguards that we have in place to protect it, and your rights to access and amend your health information.

Our Pledge Regarding Your Medical Information

We understand that information about you and your health is personal. We are thus committed to protecting the confidentiality of your medical information. As part of our routine operations, we create a record of the medical care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Blue River Psychiatry NP PLLC whether made by your therapist, prescriber or other medical providers contracted by Blue River Psychiatry NP PLLC.

Whenever we use the term "medical information" in this notice, we mean information created or received by Blue River Psychiatry NP PLLC about you that concerns your health care and payment for that health care.

This notice tells you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- Maintain the privacy of your medical information
- Provide you with notice of our duties and privacy practices related to your medical information
- Notify you when there is a breach, or unlawful access, use, or disclosure of your information.
- Follow the terms of this privacy notice.

Permitted Uses or Disclosures of PHI Without Authorization:

Extensive provisions of the Privacy Rule describe circumstances under which covered entities are permitted to use or disclose PHI, without the authorization of the individual who is the subject of the protected information. These purposes include, but are not limited to, the following:

- A covered entity may disclose PHI **to the individual (the patient) who is the subject of the information.**
- A covered entity may use and disclose protected health information for its own **"treatment, payment, and health care operations."**
- When an **individual is incapacitated** or **in an emergency**, providers sometimes may use or disclose PHI, without authorization.
- Providers may use and disclose PHI without a person's authorization when the use or disclosure of PHI is **required by law**, including State statute or court order.
- Providers generally may disclose PHI to State and Federal **public health authorities** to prevent or control disease, injury, or disability, and to government authorities authorized to receive reports of child abuse and neglect.

- Providers may disclose PHI to appropriate government authorities in limited circumstances regarding **victims of abuse, neglect, or domestic violence**.
- Providers may disclose PHI to **health oversight agencies**, (e.g., the government agency which licenses the provider), for legally authorized health oversight activities, such as audits and investigations.
- PHI may be disclosed in a **judicial or administrative proceeding** if the request is pursuant to a court order, subpoena, or other lawful process (note that "more stringent" NYS Mental Hygiene law requires a court order for disclosure of mental health information in these circumstances).
- Providers may generally disclose PHI to **law enforcement** in the following circumstance:
 - To respond to legal proceedings
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - In circumstances pertaining to victims of a crime
 - In the case of deaths we believe may be the result of criminal conduct
 - In the case of crimes occurring at the facility
 - To report a crime in an emergency; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- Providers may disclose PHI that they believe **necessary to prevent or lessen a serious and imminent physical threat** to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat).
- In the case of death, to Coroners, Medical Examiners, Funeral Directors, and Organ Donations.

Special Disclosure Situations

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you to your employer's insurance carrier.

Public Health Activities. We may share medical information about you for public health purposes with government organizations that are authorized to prevent the spread of disease

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information. Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy notes (under federal law), and genetic information. If your care involves these special areas, please contact your health care providers or counselors for more information about these additional [protections](#).

Health Oversight Activities.

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections.

Your Rights Regarding Your Medical Information

- Right to Access and Copy
- Right to Amend.
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to Notice in the Event of a Breach.
- Right to a Paper Copy of this Notice.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints/Questions

If you have any question/complaints regarding this Privacy Notice, or a complaint about our privacy practices, please contact our Corporate Privacy Officer, Mina Johnson at [Hello@BlueRiverNY.com](mailto>Hello@BlueRiverNY.com) or by phone at 914-401-0008 OR the U.S. Department of Health and Human Services Office for Civil Rights (OCR): OCRAMail@hhs.gov Telephone: 1-800-368-1019, TDD: 1-800-537-7697.

Other Uses and Disclosures of Medical Information

Other uses and disclosures of medical information that are not covered by this notice, or by applicable federal, state, and local laws, will only be made with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures that we have already made with your permission and that we are required to retain in our records of the care that we provided to you