



## HIPAA NOTICE OF PRIVACY PRACTICES

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.

### Effective date: January 1st, 2022

Dr. Kenneth T. Washington, LLC is required to give you this Notice of Privacy Practices to comply with the regulations (the Privacy Rule) established under federal laws (the Health Insurance Portability and Accountability Act or HIPAA). Dr. Kenneth T. Washington, LLC is committed to protecting your medical and personal information, in accordance with HIPAA and other federal and state laws, and in using that information appropriately. This Notice is intended to describe your rights and to inform you about the ways in which Dr. Kenneth T. Washington, LLC may use and disclose your PHI. Dr. Kenneth T. Washington, LLC uses an electronic medical record (EMR) to keep a record of the care and services you receive, as well as to maintain medical and billing records.

Protected health information (PHI) means any of your health information that could be used to identify you. Some examples of PHI include:

- Medical records, including doctor's notes.
- Demographic information, such as your name, address, phone number, and date of birth.
- Billing and payment information, such as the name of your health insurer.

### How Dr. Kenneth T. Washington, LLC uses and discloses your PHI:

The following describes the ways Dr. Kenneth T. Washington, LLC may use and disclose your health information. Except for the purposes below, Dr. Kenneth T. Washington, LLC will not use or disclose your personal health information without obtaining appropriate written authorization from you.

- Treatment: Dr. Kenneth T. Washington, LLC may use and disclose PHI to provide, coordinate, or manage your healthcare and other services related to your health care. For example, your Provider may consult with another healthcare provider, including your primary care provider or psychiatrist, with whom you have engaged in treatment.
- Payment: Dr. Kenneth T. Washington, LLC may use and disclose PHI to send bills and collect payment from you, your health insurer, or other third parties. For example, your Provider may disclose PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations: Dr. Kenneth T. Washington, LLC may use and disclose PHI for activities that relate to the operation and performance of his practice, such as quality assessment and enhancement activities, protocol development, or business planning and development.

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- Business Associates: Dr. Kenneth T. Washington, LLC may contract with outside businesses to manage or enhance your care. An EMR program (Electronic Medical Records) is an example of this, and business associates are required to follow portions of the federal privacy law to appropriately guard your PHI in the same manner as Dr. Kenneth T. Washington, LLC.
- Communications and Appointment Reminders: Dr. Kenneth T. Washington, LLC may contact you to remind you of an appointment or to follow-up about a previous or upcoming appointment. Dr. Kenneth T. Washington, LLC usually communicates via email or phone, and your provider may leave messages or voicemails for you.
- Individuals Involved in Your Care or Payment for Your Care: Dr. Kenneth T. Washington, LLC may, when appropriate, release PHI about you to a family member, friend, or someone you designate to be involved in your care or payment for your care.
- As Required by Law: Dr. Kenneth T. Washington, LLC is required to release PHI as it relates to federal, state, or local laws.
- To Avert Serious Threat to Health or Safety: Dr. Kenneth T. Washington, LLC may disclose PHI if your Provider feels the health or safety of you or someone else is threatened.
- Public Health Risks: Dr. Kenneth T. Washington, LLC may disclose PHI for public health activities, including to prevent or control disease, injury, or disability, to report vital statistics, to report abuse or neglect of children, elders, or dependent adults, or to notify a person who may have been exposed to a disease.
- Health Oversight Activities: Dr. Kenneth T. Washington, LLC is permitted to disclose PHI to a health oversight agency for activities authorized by law, including investigations, inspections, audits, and other similar proceedings.
- Disputes, Lawsuits, and Administrative Proceedings: If you are involved in a lawsuit or dispute, Dr. Kenneth T. Washington, LLC may disclose PHI in response to a court or administrative order. Dr. Kenneth T. Washington, LLC may also disclose PHI in response to a subpoena, discovery process, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, if that is required by law. Illinois law may require a court order for the release of patient health records in these circumstances and may be considered more protective of your privacy than the Privacy Rule.

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- Law Enforcement: Dr. Kenneth T. Washington, LLC may disclose PHI if asked to do so by a lawenforcement official for the following purposes:
  - In response to a court order, subpoena, summons, warrant, or similar process.
  - To identify or locate a suspect, missing person, or fugitive.
  - About the actual or suspected victim of a crime if, under limited circumstances, Dr. Kenneth T. Washington, LLC is unable to obtain the person's authorization.
  - About a death that Dr. Kenneth T. Washington, LLC believes may be the product of criminalconduct.
  - About crimes that occur on the property of the Dr. Kenneth T. Washington, LLC office.
  - In emergency circumstances to report a crime, the location of a crime or victims, orthe identity, description, or location of the person who committed the crime.
- Disaster Relief: Dr. Kenneth T. Washington, LLC may disclose PHI to appropriate disaster relief organizations, carrying out disaster relief efforts. You can object to such disclosures, unlessDr. Kenneth T. Washington, LLC determines that restricting the disclosure would interfere with the ability to respond to emergency situations.
- Workers Compensation: Dr. Kenneth T. Washington, LLC may release PHI to the extent necessary tocomply with worker's compensation or similar laws related to work-related illnesses or injuries.
- Specialized Government Functions: Dr. Kenneth T. Washington, LLC may use or disclose PHI to aid inspecified government functions, including:
  - Military and Veterans: Dr. Kenneth T. Washington, LLC may disclose PHI of armed forces personnel as required by military command authorities to assure the completion of a military mission.
  - National Security and Intelligence Activities. Dr. Kenneth T. Washington, LLC may disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by the law.
  - Protective Services for the President and Others. Dr. Kenneth T. Washington, LLC may disclose PHI to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or to conduct special investigations.

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- **Inmates and Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Dr. Kenneth T. Washington, LLC may release the PHI of inmates and others in law enforcement custody to the correctional institution or law enforcement official, where necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security, and good order of the correctional institution.
- **Other Uses of Medical Information** Uses and disclosures not covered by this Notice will be made only with your written permission. If you provide Dr. Kenneth T. Washington, LLC permission to use or disclose PHI, you may take back that permission, in writing, at any time. If you take back your permission, Dr. Kenneth T. Washington, LLC will no longer use or disclose the PHI for the reasons covered in your authorization. You understand that Dr. Kenneth T. Washington, LLC is unable to take back any disclosure that your Provider has already made with your permission. Dr. Kenneth T. Washington, LLC is required to retain their records of the care that your Provider has provided to you.

## **Your Rights Regarding Your Protected Health Information:**

- **Right to Request Restrictions:** You have the right to request restrictions or limitations on Dr. Kenneth T. Washington, LLC uses or disclosures of protected PHI about you or your treatment, payment for services, or health care operations. Please note, Dr. Kenneth T. Washington, LLC is not required to agree to the restriction you request.
- **Right to Request Confidential Communications:** You have the right to request that Dr. Kenneth T. Washington, LLC communicate with you in a certain way or at a certain location. For example, you may ask Dr. Kenneth T. Washington, LLC not to contact you at work or that your Provider send mail to an alternate address. You do not have to give a reason for your request, and Dr. Kenneth T. Washington, LLC will try to accommodate all reasonable requests.
- **Right to Inspect and Copy:** You have the right to review and copy a designated set of your health record. This usually includes medical and billing records, but may not include psychotherapy notes. You may request a written explanation or summary of the information in your medical or billing records. To inspect and copy PHI, you must make your request, in writing, to Dr. Kenneth T. Washington, LLC. Your Provider has up to 30 days to make your PHI available to you, and your Provider may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
- **Right to Amend:** You have the right to ask Dr. Kenneth T. Washington, LLC to amend or change PHI if, in your opinion, your medical records are incomplete or incorrect, as long as PHI is kept by or for Dr. Kenneth T. Washington, LLC. A

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request to amend your medical records must be made in writing and must be submitted to Dr. Kenneth T. Washington, LLC, stating the reasons for amendment. Dr. Kenneth T. Washington, LLC is not required to grant this request.

- Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures Dr. Kenneth T. Washington, LLC made of PHI for purposes other than treatment, payment, and health care operations, or for which you provided written authorization. A request for an accounting of disclosures must be made in writing and must be submitted to Dr. Kenneth T. Washington, LLC.
- Right to Breach Notification: You have the right to be notified, in writing, if PHI is breached.
- Insurance Billing Restriction: If you pay for a service, 100% out of pocket and in full, you have the right to request that your insurance company not be billed or provided with PHI related to such service.
- Right to Complain: You have the right to complain if you think your privacy rights have been violated. Dr. Kenneth T. Washington, LLC encourages you to discuss your concerns with your provider. You can also contact the United States Department of Health and Human Services. Dr. Kenneth T. Washington, LLC can provide you with the appropriate address upon request. You will not be penalized for filing a complaint.

#### **Amendments to this Notice**

- Dr. Kenneth T. Washington, LLC reserves the right to amend or change this Notice at any time, in whole or in part. Dr. Kenneth T. Washington, LLC is required to amend this Notice as necessary due to changes in the Privacy Rule. A copy of the current Notice is available at the Dr. Kenneth T. Washington, LLC office.

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