

HIPAA RIGHTS AND ATTESTATION

By attesting either orally or in writing, you are indicating that a copy of your HIPAA RIGHTS has been available to you.

This HIPAA RIGHTS form outlines how your Personal Health Information (hereinafter, PHI) may be used and safeguarded while receiving services from MARK D. PARISI, PSY.D. & ASSOCIATES, P.C. (hereinafter, PARISI).

PRIMARY USES OF YOUR PHI

We may disclose PHI about you to a family member(s), other relative(s), close friend(s), or any other person identified by you, if they are involved in your care or payments related to your care. We may also disclose PHI about you to notify those persons of your location, general condition, or death. If there is a family member(s), other relative(s), or close friend(s) to whom you do not want us to disclose PHI about you, please notify PARISI in writing of this fact.

LEGAL REQUIREMENTS REGARDING USE AND DISCLOSURE OF PHI

- ❖ Disaster Relief – We may use or disclose PHI about you to assist in disaster relief efforts. This will be done to notify family member(s) or others of your location, general condition, or death in the event of a natural or man-made disaster.
- ❖ Communicable Diseases – We may disclose your PHI to a person(s) who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.
- ❖ Public Health Activities – We may disclose PHI about you for public health activities to prevent or control disease.
- ❖ Victims of Abuse, Neglect, or Domestic Violence – We may disclose PHI about you to government agencies if we believe you are the victim of abuse, neglect, or domestic violence.
- ❖ Health Oversight Activities – We may disclose PHI about you to a health oversight agency.
- ❖ Food and Drug Administration – We may disclose PHI about you to monitor drugs or devices controlled by the Food and Drug Administration.
- ❖ Legal Activities – We may disclose PHI about you in response to a court proceeding. We may also
- ❖ disclose information about you in response to a subpoena or other legal process.
- ❖ Disclosures for Law Enforcement Purposes – We may disclose PHI about you to law enforcement officials for law-enforcement purposes.
 - As required by law.
 - In response to a court order or other legal proceeding.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - When information is requested about an actual or suspected victim or crime.
 - To report a death as a result of possible criminal conduct.
 - To report a crime in emergency circumstances.
- ❖ Organ Donations – We may disclose PHI about you to organ procurement organizations if you are an organ donor.
- ❖ Workers Compensation – We may disclose PHI about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.
- ❖ Public Health or Safety – We may disclose PHI about you if we believe it is necessary to prevent a threat to the health and safety of a person or the general public.
- ❖ Military – If you are or have applied to be a member of the Armed Services of the United States, we may disclose PHI about you for national security and intelligence activities.
- ❖ National Security and Intelligence – We may disclose PHI about you for a required security clearance.

- ❖ Research – We may disclose PHI about you to researchers under certain limited circumstances.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of PHI about you will be made only with your written authorization. You may cancel an authorization at any time by notifying PARISI in writing of your desire to cancel it. If you cancel an authorization, it will not have any effect on information that we have already disclosed.

The following are a couple of examples of uses or disclosures that may require your written authorization:

- A request to talk to a relative about your care who is not specifically involved in your case or payment of services related to your care.
- A request to provide your medical information to an attorney for use in a civil lawsuit.

YOUR RIGHTS

The records contained in your health or medical record is the physical property of PARISI. However, the information in these records belongs to you. You have the following rights:

- ❖ Right to Request Restrictions - You have the right to ask us not to use or disclose your PHI for a particular reason related treatment, payment, or our operations. You may ask that family members or other individuals not be informed or specific medical information. You must request this in writing to PARISI. We do not have to agree to your request. If we agree to your request, we must honor the agreement, except in the case of a medical emergency. Either you or PARISI can stop a restriction at any time.
- ❖ Right to Receive Confidential Communications – you have the right to receive communications with PARISI in a confidential manner.
- ❖ Right to Inspect and Copy Your PHI – You have the right to request and to inspect and obtain a copy of your PHI. You must submit your request in writing to PARISI.
If you request a copy of the information or that we provide you with a written summary of the information, we may charge a fee for the costs of copying, summarizing, and/or mailing the information to you. If we agree to your request, we will inform you of this. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.
- ❖ Right to Request Amendments to Your Medical Information – You have the right to request that we correct incorrect elements of your PHI. If you believe that any PHI in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to PARISI. We do not have to agree to your request. If we deny your request, you will be informed as to why have denied your request. You have the right to submit a statement disagreeing with our decision. Your request may be denied for any number of reasons including disputes over PHI not created or maintained by us or PHI that is already determined to be true and accurate to the best of our knowledge.
- ❖ Right to An Accounting of Disclosures of Health Information – You have the right to find out what disclosures of your PHI have been made. The list of such disclosures is called an “accounting.” The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before April 14, 2003 – the effective date of the Health Insurance Privacy and Portability Act, also known as HIPAA.
We are not required to include disclosures for treatment, payment, or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to PARISI. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge associated with an accounting, we will notify you in writing in advance.
- ❖ Right to Obtain a Copy of the Notice – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

You have the right to ask questions about HIPAA or complain to us and to the United States Secretary of Health and Human Services if you believe that we have violated your privacy rights. There is no risk in filing a complaint.

To ask questions or to file a complaint with us, please feel free to contact us by phone, mail, or e-mail as follows:

Mailing Address:

MARK D. PARISI, PSY.D. & ASSOCIATES, P.C.

800 E. Northwest Highway, Suite 106

Mount Prospect, Illinois 60056

Phone Number: (847) 909-9858

E-Mail Address: parisiandassociates@outlook.com

To ask questions or file a complaint with the United States Secretary of Health and Human Services, please send your complaint in care of:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

THE EFFECTIVE DATE FOR THIS HIPAA RIGHTS FORM IS APRIL 14, 2003

HIPAA RIGHTS ATTESTATION PAGE

I attest that I have been notified and a copy has been made available of my HIPAA rights by Mark D. Parisi, Psy.D. & Associates, P.C.

Client's Signature

Today's Date

Client has been notified of HIPAA rights by Mark D. Parisi, Psy.D. & Associates, P.C., but is unable to sign due to injury or medical condition.
(MPOA, Legal Guardian, or other Duly-Appointed Legal Representative signature required)

Witness / MPOA / Guardian Signature

Today's Date

Provider's Signature

Today's Date

Client has been notified of HIPAA rights by Mark D. Parisi, Psy.D. & Associates, P.C., but is unwilling to sign (TWO MPOA, Legal Guardian, or other Duly-Appointed Legal Representative signatures required)

Witness / MPOA / Guardian Signature

Today's Date

Witness / MPOA / Guardian Signature

Today's Date

Provider's Signature

Today's Date