

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations with your consent. To help clarify these terms, here are some definitions:

1. "PHI" refers to information in your health record that could identify you.
2. "Treatment" is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider.
3. "Payment" is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to allow you to obtain partial reimbursement for what you have paid me for your treatment.
4. "Health Care Operations" are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities; business-related matters such as audits, administrative services, and case management; as well as coordination.
5. "Use" applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
6. "Disclosure" applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I may have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

1. **Child Abuse:** When in my professional capacity, I have received information which gives me reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, I must report such to the county Department of Social Services, or to a law enforcement agency in the county where the child resides or is found. If I have received information in my professional capacity which gives me reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but I believe that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, I must make a report to the appropriate law enforcement agency.
2. **Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, I must report the incident within 24 hours or on the next business day to the Adult Protective Services Program. I may also report directly to law enforcement personnel.
3. **Health Oversight:** The South Carolina Board of Examiners in Psychiatry has the power, if necessary, to subpoena my records. I am then required to submit to them those records relevant to their inquiry.
4. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services I have provided to you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
5. **Serious Threat to Health or Safety:** If you communicate to me the intention to commit a crime or harm yourself, I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. In this situation, I must limit disclosure of the otherwise confidential information to only those persons and only the content which would be consistent with the standards of the profession in addressing such problems.
6. **Workers' Compensation:** If you file a workers' compensation claim, I am required by law to provide all existing information compiled by me pertaining to the claim to your employer, the insurance carrier, their attorneys, the South Carolina Workers' Compensation Commission, or you.
7. **Other:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, as well as national security and intelligence.

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IV. Patient's Rights and Psychiatrist's Duties

Patient's Rights

1. Right to Request Restrictions: you have the right to request restrictions on certain uses and disclosures of your PHI, however, I am not required to agree to the restrictions you request.
2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your statements or other correspondence to another address.
3. Right to Inspect and Copy: you have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
4. Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
5. Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
6. Right to a Paper Copy: You have the right to obtain a paper copy of this or any notice from me, upon request, even if you have already agreed to receive the notice electronically.
7. Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan who you pay out-of-pocket in full for my services.
8. Right to Be Notified if There is a Breach Involving Your Unsecured PHI: You have the right to be notified if (A) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (B) that PHI has not been encrypted to government standards; (C) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychiatrist's Duties:

1. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
2. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
3. If I review my policies and procedures, and you still have an open file with me, I will notify you of such changes. This notification will occur either at your next appointment after the change has taken place or by mail.

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V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may discuss this matter with me. I can be reached via mail at:

720 Magnolia Road
Suite 18
Charleston, SC 29407

or by phone at (843) 670-9362

If you believe that your privacy rights have been violated and you wish to file a complaint with me, you may send your written complaint to me at the above address.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on November 22, 2011. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. This notification will occur either at your next appointment after the change has taken place or by mail.

I certify that I have been presented with this HIPAA Privacy Policy, and I am hereby aware that if I would like a printed or electronic copy of this signed document, I may request one at any time in person, by email, by phone, or by mail via the contact information listed herein.

Signature: _____

Printed Name: _____

Date: _____

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