



Notice of Privacy Practices (NPP)

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

Alliance Psychiatric Wellness, PLLC is required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices. We are required by law to notify you following a breach of unsecured protected health information.

We are required to follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the following purposes:

Treatment

To provide, coordinate, or manage your mental health care. This may include communication with other healthcare providers involved in your care.

Payment

To bill and receive payment for services provided, including communication with insurance companies.

Healthcare Operations

For practice operations such as quality improvement, licensing requirements, audits, business planning, and staff training.

Other Permitted or Required Disclosures

We may disclose your information without your authorization when required or permitted by law, including:

- Public health reporting
- Suspected abuse or neglect
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- To prevent a serious threat to health or safety



- Workers' compensation claims
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Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, including:

- Release of psychotherapy notes (when applicable)
- Most disclosures for marketing purposes
- Sale of PHI (if ever applicable)

You may revoke your authorization in writing at any time.

Your Rights Regarding Your Health Information

You have the right to:

- Access and receive a copy of your medical record (with limited exceptions)
- Request an amendment to your record
- Request restrictions on certain uses or disclosures
- Request confidential communications (for example, alternative mailing address)
- Receive an accounting of disclosures
- Receive a paper copy of this Notice

Requests must be submitted in writing.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI
- Notify you promptly if a breach occurs that may compromise your information
- Follow the terms of this Notice



We reserve the right to change this Notice at any time. Any revised Notice will apply to all information we maintain and will be available in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
Alliance Psychiatric Wellness, PLLC
Phone: 208-946-8044

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at:

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be retaliated against for filing a complaint.