



Hamzavi Psychiatry and Wellness Center PLLC
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PRIVACY NOTICE

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.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED MENTAL HEALTH INFORMATION

We use and disclose protected health information for a variety of reasons. For most uses/disclosures, we must obtain your consent. However, the law provides that we are permitted to make some uses/disclosures without your consent. The following offers more description and examples of our potential uses/disclosures of your protected health information.

- **For treatment:** We may disclose your protected health information to other mental health care practitioners within Hamzavi Psychiatry and Wellness Center, PLLC who are involved in providing your mental health care. However, a release of information is required to disclose your protected health information to mental health care practitioners outside of Hamzavi Psychiatry and Wellness Center, PLLC.
- **For operations:** We may use/disclose your protected health information in the course of operating our clinic. For example, we may use your protected health information in evaluating the quality of services provided, creating reports that do not individually identify you, or disclose your protected health information to our accountant or attorney for audit purposes. We may disclose your protected health information to designated staff in the clinic where you are seen, and our administrative offices.
- **Payment:** We may disclose your protected health information to insurance companies and managed care entities, when necessary, to obtain reimbursement.
- **Exceptions:** Although your consent is usually required for the use/disclosure of your protected health information, the law allows us to use/disclose your protected health information without your consent in certain situations. For example, we may disclose your protected health information if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization (signed permission), unless the use or disclosure falls within one of the exceptions described below. Like consents, authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already acted upon your authorization.

Uses and Disclosures Not Requiring Consent or Authorization: The law provides that we may use/disclose your protected health information without consent or authorization in the following circumstances: When required by law: We may disclose protected health information when a law requires that we report information about:

- Suspected abuse or neglect of a minor child or vulnerable adult.
- Duty to warn or protect you or others from harm.
- In response to a court order.
- To Protective Services during an investigation.

We must also disclose protected health information to authorities who monitor compliance with these privacy requirements.

- **For health oversight activities:** We may disclose protected health information for audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) to oversee the health care system.
- **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose protected health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm. For example, a plan to commit suicide or a homicidal act.
- **For specific government functions:** We may disclose protected health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **For law enforcement:** When a patient commits or threatens to commit a crime either at the clinic or against any person who works for the clinic.

Uses and Disclosure Requiring You to Have an Opportunity to Object: In the following situations, we may disclose your protected health information if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

- **To families, friends or others involved in your care:** We may share with these people information directly related to your family's, friend's or other person's involvement in your care. We may also share protected health information with these people to notify them about your location or general condition. *For example, parents of a minor have certain rights to protected health information. Also, we may have to locate family members to inform them of the location of a patient who was hospitalized after being diagnosed as severely depressed.*

INDIVIDUAL RIGHTS

Hamzavi Psychiatry and Wellness Center, PLLC is dedicated to providing quality services. It is our policy that each patient, defined as an individual who receives services from Hamzavi Psychiatry and Wellness Center, PLLC be treated with dignity and respect regardless of race, color, national origin, religion, sex, ethnicity, age, disability, marital status, sexual preference or political beliefs. In most cases, you have the right to look at or get a copy of your health information. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe information in your record is incorrect or that important information is missing, you have the right to request that we correct the existing information or add the missing information. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

OTHER IMPORTANT RIGHTS

1. All civil rights guaranteed by state and federal law.
2. The right to reasonable access to treatment care and services.
3. The right to be treated with personal dignity.
4. The right to treatment, care and services that are considerate and respectful of individual personal values and beliefs.
5. The right to refuse treatment or services. Should you (or your legally responsible party) refuse services, we may seek appropriate alternatives, such as orders of involuntary treatment. Should you consent to treatment but refuse specific services that are recommended for you, we may terminate the relationship with you upon reasonable notice and make a referral to another provider.
6. Freedom from abuse and neglect.

7. The right not to be fingerprinted, photographed, audiotaped, videotaped, or viewed through a one-way glass unless the patient or patient's legal representative agree in writing.
8. The right to treatment in a place that is clean and safe.
9. The right to informed participation in decisions regarding treatment, care, and services.
10. The right to individualized treatment, care and services, including a) adequate and humane services regardless of the source of financial support; b) provision of services within the least restrictive environment possible; c) an individualized treatment plan, d) periodic review of the treatment plan and e) an adequate number of competent, qualified, and experienced staff to supervise and carry out the treatment plan.
11. The right of the individual served and their family to be informed of their rights in a language that they understand.
12. Each patient has the right to request a second opinion, a consult (at his or her expense).

OUR LEGAL DUTIES

We are required by law to protect the privacy of your information, provide this notice about our information practices and follow the information practices that are described in this notice. We may change our policies at any time. Before we make a significant change in our policies, we will change this notice and post the new notice in public areas of the agency.