

Tarsha Psychiatry P.C.

Tarsha Psychiatry PLLC

Notice of Privacy Practices

This notice describes how Tarsha Psychiatry P.C. and Tarsha Psychiatry PLLC may use and disclose your medical information. It also explains how you can get access to this information. Please review it carefully.

Privacy Practices in Summary

Patient Rights. *You have the right to:*

Get a copy of your paper or electronic medical record.	Correct your paper or electronic medical record.
File a complaint if you believe your privacy rights have been violated.	Ask me to limit the information we share about you.
Get a list of those with whom we've shared your information.	Get a copy of this Notice of Privacy Practices.
Request that I use only confidential communication methods with you.	Choose someone to act on your behalf.

Patient Choices. *You have choices about how I use your information:*

If I tell your family or friends about your conditions.	If I provide disaster relief services.
If I sell your information.	If I market my services.

Our Uses and Disclosures of Your Information. *I may use your information when I conduct these activities:*

Help with public health and safety issues.	Bill you or a third party for my services.
Comply with the law.	Conduct research.
Respond to lawsuits and legal actions.	Address law enforcement or other government requests.
Treat you.	Perform privacy reviews and audits.

Privacy Practices in Detail

Detailed Patient Rights. *You have certain rights. This section explains some of your rights and some of my related responsibilities.*

<p><i>You may:</i></p> <p>Obtain an electronic or paper copy of your medical record.</p>	<p>You may ask me to see or obtain an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. Under most circumstances, I will provide you with a copy or a summary of your health information within 30 days of your request. You may also request I send your medical record or other information to another person or entity. I may charge a reasonable, cost-based fee.</p> <p>Please note, you don't have the right to access information that does not directly relate to you. This may include, but is not limited to, business planning records, quality assessment records, or management records used for business decisions generally rather than to make decisions about you as an individual.</p>
<p><i>You may:</i></p> <p>Ask me to correct the information in your medical record.</p>	<p>You may ask me to correct health information in your record that you believe is incorrect or incomplete. Ask me how to do this. If I deny your request, I will provide you a written explanation for that denial within 60 days.</p>
<p><i>You may:</i></p> <p>Request confidential communications from us.</p>	<p>You may ask me to contact you in a specific way (e.g., cell phone only), or to send mail to a different address (e.g., a friend's home). I will comply with all reasonable requests.</p>
<p><i>You may:</i></p> <p>Ask me to limit what information I use or share.</p>	<p>You may ask me to refrain from using or sharing certain health information for your treatment, in my operations, or to obtain payment for my services. I am not required to comply with your request, and I may decline your request if I reasonably believe that it would affect your care. If I do accept your request, then I must comply with all agreed restrictions, except for purposes of treating you in a medical emergency.</p> <p>If you pay for my services or a healthcare item in full out-of-pocket, you may ask that I not share that information for the purpose of securing payment or sharing my healthcare operations with your health insurer. I will agree to this request unless a law requires otherwise.</p>

<p><i>You may:</i></p> <p>Request a copy of this Notice of Privacy Practices.</p>	<p>You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.</p>
<p><i>You may:</i></p> <p>Request a list of those with whom I have shared information about you.</p>	<p>You may request a list (called an accounting) of the times that I have shared your health information for the six years prior to the date of your request. The accounting will include the recipient and the reason your information was shared. I will include all disclosures except for those relating to treatment, payment, healthcare operations, and certain other disclosures (e.g., those you asked me to make). I will provide you with one accounting per year at no cost, but I will charge a reasonable, cost-based fee if you request another within 12 months.</p>
<p><i>You may:</i></p> <p>Choose someone to act on your behalf.</p>	<p>If you have given someone your medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. I will verify that this person has this authority and can act for you before I take any action.</p>
<p><i>You may:</i></p> <p>File a complaint if you feel your privacy rights are violated.</p>	<p>You may complain to my Privacy Officer if you believe I violated your rights. You may also file a complaint by sending a letter to:</p> <p style="text-align: center;">U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201</p> <p>You may also call (877) 696-6675 or visit www.hhs.gov.</p> <p>We will not retaliate against you for filing a complaint.</p>

Detailed Patient Choices. *You have some choices about how I use and disclose your information. If you have a clear preference for how I share your information in the situations described below, please discuss that with me so I may respect your wishes.*

In these situations, you have a right and a choice to instruct me as to how you'd like me to:

- Share information with your family or others involved in your care.
- Share information as I respond to a disaster relief situation.

If you cannot tell me your preference (e.g., if you are incapacitated), I may share your information as I believe is in your best interest. I may share your information when it is necessary to lessen a serious and imminent threat to health or safety. You may also designate someone to tell me your preference on your behalf.

In other situations, however, I will never share your information unless you provide me with your written permission:

- When I seek to use your information for my marketing purposes.
- When I seek to sell your information.
- When I seek to share any patient notes or HIV-related information from your record.

Detailed Uses and Disclosures by my Practice. *The most common ways I use or share your health information include when we:*

<i>Treat you.</i>	We can use your health information and share it with other professionals who are treating you. This may include the sharing of information to covered entities that are not part of your direct treatment team.
<i>Operate my practice.</i>	We can use and share your health information to run my practice, improve your care, and contact you.
<i>Bill for my services.</i>	We can use and share your health information to bill and obtain payment from health plans or other entities.

The less common ways I use or share your health information include when we:

Report suspected abuse, neglect, or domestic violence.	Report adverse medication reactions.
Assist with public health and safety issues.	Prevent or reduce a serious threat to anyone's health or safety.
Conduct research.	Prevent disease.
Support government functions such as military, national security, and presidential protective services.	Contribute to the public good or assist with public health and research.
Respond to workers' compensation claims.	Support health oversight agencies' activities as authorized by law.

Comply with state or federal laws.	Respond to law enforcement requests.
Assist with product recalls.	Respond to lawsuits and legal actions.
Respond to court or administrative agency orders or subpoenas.	Demonstrate to HHS I am compliant with federal privacy laws.

We must comply with several conditions in the law before I can share your information for these purposes. For more information, see:

hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers.

Detailed Practice Responsibilities.

The law requires me to maintain the privacy and security of your protected health information. This includes maintaining reasonable and appropriate administrative, technical, and physical safeguards to protect the unauthorized use or disclosure of your protected information. I will alert you promptly if a breach occurs that may have compromised the privacy or security of your information. Additionally, I will mitigate, to the extent practicable, any harmful effect I learn was caused by a breach of privacy. I must comply with the duties and privacy practices described in this notice, and I must offer you a copy of this document. I will not use or share your information, other than as described here, without your express written permission. If you authorize the use or disclosure of your information, you may revoke that authorization in writing at any time. *For more information, visit HHS' website at hhs.gov/hipaa/for-individuals/notice-privacy-practices.*

About This Notice.

- This notice is effective as of February 2024.
- The Chief Privacy Officer is Dr. Amir Tarsha.
- You can contact the Chief Privacy Officer to file a complaint if you feel your rights have been violated or to ask further questions about your privacy rights.
- I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request.

I, the undersigned, have received, read, and understand this Notice of Privacy Practices concerning the use and disclosure of my protected medical information. I understand you have the right to amend this notice.

Patient Name or Legal Guardian

Signature

Date