

NOTICE OF PRIVACY PRACTICES

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.

Dr. Shepard is committed to honoring the confidentiality of your information. She is required by law to protect your medical information, provide you with this notice of privacy practices, and follow the terms of the notice that is currently in effect. This notice describes privacy practices followed by Dr. Shepard and any staff she may employ in the future. This notice applies to any information and records I have about your health, health status, and healthcare services that I provide.

USES AND DISCLOSURES

Dr. Shepard may use or disclose your health information for the following purposes:

- 1) Treatment: Dr. Shepard may use your health information to provide or coordinate medical treatment for you. For example, Dr. Shepard may use your health information to arrange prescriptions, order lab work, or coordinate care with your other healthcare providers.
- 2) Payment: Dr. Shepard may use your health information to facilitate payment for services. For example, Dr. Shepard may need to speak with your health insurance company to obtain prior authorization for a treatment plan, or to discuss services provided so that you can obtain reimbursement.
- 3) Health care operations: Dr. Shepard may use your health information in the business aspects of running the practice. For example, Dr. Shepard may need to communicate with other staff to coordinate billing and scheduling.
- 4) Appointment reminders: Dr. Shepard may contact you to remind you that you have a scheduled appointment at the office.
- 5) Treatment alternatives and health-related products/services: Dr. Shepard may tell you about treatment alternatives or health-related products or services that may be of interest to you.

SPECIAL USES AND DISCLOSURES

Dr. Shepard may use or disclose your health information without your permission for the following purposes, in accordance with the relevant laws:

- 1) As required by law: Dr. Shepard may use or disclose health information if such use or disclosure is required by federal, state, or local law.

2) To prevent harm to yourself or others: Dr. Shepard may use or disclose health information if there is a serious and imminent risk of harm to yourself or others.

3) Public health purposes: Dr. Shepard may use or disclose health information for public health purposes including preventing or controlling disease; reporting disease, injury, birth, or death; reporting suspected child abuse or neglect; reporting suspected abuse, neglect, or domestic violence; and reporting adverse effects of medications.

4) Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, Dr. Shepard may be required by military command or other government authorities to release your health information. Dr. Shepard may also use or disclose information to authorized federal officials for matters relating to national security, intelligence, or the protection of the President.

5) Worker's compensation/disability: Dr. Shepard may release your health information for worker's compensation, disability paperwork, or similar programs providing benefits for work-related injuries or illnesses.

6) Health oversight activities: Dr. Shepard may use or disclose health information to a health oversight agency for audits, investigations, inspections, or licensure proceedings.

7) Legal proceedings: Dr. Shepard may use or disclose health information in response to a court order, subpoena, or discovery request.

8) Law enforcement purposes: Dr. Shepard may use or disclose health information for appropriate law enforcement purposes.

9) Coroners and medical examiners: Dr. Shepard may use or disclose health information to a coroner or medical examiner if needed to identify a deceased person or to determine the cause of death.

10) Correctional institutions: Dr. Shepard may use or disclose health information to a correctional institution as required by law if you are in prison or under the custody of law enforcement officials.

11) Family and friends: Dr. Shepard may use or disclose your health information to your family members or friends if you have given your written or verbal consent. Dr. Shepard may also disclose health information to family or friends if she can infer that you would not object to this – for example, if you bring them into the office with you when treatment is discussed. Please inform Dr. Shepard if you do not want specific friends or family members to receive information. Should there be a situation in which you are not capable of giving consent (for example, in a medical emergency), Dr. Shepard may determine that a disclosure to your family member or

friend is in your best interest. In such a situation, Dr. Shepard will disclose only health information relevant to that person's involvement in your care.

OTHER USES AND DISCLOSURES Dr. Shepard will not use or disclose your health information for other purposes not identified in this notice, unless you have given written authorization of such disclosure. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of health information will only be made with written authorization from you.

Dr. Shepard does not seek to use protected health information for marketing purposes and does not seek to sell protected health information. Any authorization of a disclosure may be revoked by you, in writing, at a later time. If you revoke your authorization, Dr. Shepard will no longer use or disclose your information for reasons covered by that authorization, but she is not able to retract any use or disclosure of information that was already made with your permission.

If Dr. Shepard has medical information about you that pertains to HIV or substance abuse, she cannot release that information without a separate written authorization that is signed by you.

YOUR RIGHTS

You have the following rights with respect to your health information:

- 1) The right to request restrictions on certain uses and disclosures of protected health information: You may request a restriction on the health information Dr. Shepard uses or discloses for treatment, payment, or health care operations. Dr. Shepard will attempt to honor reasonable requests, although she is not required to grant all requests. If you have paid for services "out-of-pocket" and in full, and you request that we not disclose protected health information related solely to those services to a health plan, Dr. Shepard will accommodate your request, unless she is required by law to make a disclosure.
- 2) The right to request confidential communications: You have the right to request that Dr. Shepard communicate with you in a certain way or at a certain address. If you make such a request, you will need to provide Dr. Shepard with details regarding how to contact you. Dr. Shepard will honor reasonable requests, but if she is unable to contact you using the requested ways she may have to contact you using any information she has.
- 3) The right to inspect and copy your protected health information: You have the right to receive a copy of your medical records. To do so, you must submit a request in writing to Dr. Shepard.
- 4) The right to amend your protected health information: If you feel that medical information Dr. Shepard has about you is incomplete or incorrect, you may ask her to amend the information. To do so, you must submit a request in writing to Dr. Shepard. Dr. Shepard cannot change what is already in the record but may add the supplemental information as an addendum.

5) The right to receive an accounting of disclosures of your protected health information: You have the right to request a list of the disclosures Dr. Shepard has made of your medical information in the six years prior to your request. To do so, you must submit your request in writing to Dr. Shepard.

6) The right to obtain a paper copy of this notice: You may request a paper copy of this notice from Dr. Shepard at any time.

7) The right to be notified if your protected health information is intentionally or unintentionally disclosed: Dr. Shepard will notify you if your medical information has been used or disclosed in a way that is not included in this notice and is inconsistent with the law.

OUR RESPONSIBILITIES

Dr. Shepard is required by law to maintain the privacy of protected health information, to provide individuals with this notice of our legal duties and privacy practices, and to notify affected individuals in the event of a breach of unsecured protected health information.

This notice is effective as of 10/01/20 and Dr. Shepard is required to abide by the terms of the notice currently in effect. Dr. Shepard reserves the right to change the terms of this notice of privacy practices and to make the new notice provisions effective for all protected health information that we maintain. She will post and you may request a written copy of the revised notice of privacy practices from the office.

If you feel that your privacy rights have not been followed, you may file a complaint with Dr. Shepard directly. You may also file a complaint with the Department of Health and Human Services Office of Civil Rights. You will not be penalized for filing a complaint.

If you have questions or would like more information about this notice, please contact:

Melissa Shepard, MD

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