

## FOX VALLEY PSYCHIATRY LTD. NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE THOROUGHLY.

THIS NOTICE DETAILS WHEN AND HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED. HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION IS ALSO DISCUSSED.

To keep this document short we may sometimes refer to the person receiving the services provided by Fox Valley Psychiatry Ltd as “client,” “patient,” “you,” or “your”. When we refer to disclosures of information to “you,” we mean disclosures to children, the parents of children, legal guardians or other persons legally authorized to receive information about the person receiving services from Fox Valley Psychiatry Ltd. There will be no disclosure of information to someone who is not the client without having the legal documents showing the guardianship or other legal authorization. Fox Valley Psychiatry will make a reasonable attempt to directly ask the client to verify that this person’s identity and authorization is accurate and not fraudulent.

### WHAT IS CONSIDERED PROTECTED INFORMATION?

Fox Valley Psychiatry creates records of the times you receive services. This record includes notes, dates, types and the outcomes of the services provided. This record will sometimes include the reason you are seeking services and the goals of the provided services. These records are considered protected health information (PHI).

This Notice applies to all health information created and maintained by Fox Valley Psychiatry Ltd. If you have any questions after reading this Notice, please contact Fox Valley Psychiatry Ltd.’s Privacy Officer listed at the bottom of this notice.

### CLIENT’S HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information we maintain. To exercise any of the rights discussed in the remainder of this section, please contact the Privacy Officer using the information provided at the bottom of this document.

#### **Right to Grant or Restrict Access to PHI:**

You have the right to grant or request restrictions of use and disclosure of your health information by Fox Valley Psychiatry Ltd. for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your health information to someone who is involved in your care or the payment for your care.

Examples: clients may request that their PHI not be shared with a previous provider; request that certain parts of their health information not be disclosed to a particular entity; restrict disclosure of PHI if the reason for using the PHI was for payment purposes or healthcare operations; or request to restrict disclosure of PHI about the patient to a health plan if the patient has self-paid in full prior to the service.

A request for restriction must be made in writing by sending a letter to the Privacy Officer.

#### **Right to Obtain a Copy of this Notice:**

You have the right to receive a paper copy of this Notice upon request.

**Right to Revoke Authorization:**

If you authorize Fox Valley Psychiatry Ltd. to use or disclose your health information, you may revoke that authorization in writing at any time, unless certain exceptions apply. We are unable to reverse any disclosures we have made previously with your authorization. To revoke an authorization please contact the Privacy Officer in writing using the contact information provided below.

**Right to Be Explicitly Informed of Providers Accessing PHI:**

Clients have the right to know the name of the provider(s) or other staff who have access to their PHI. Fox Valley Psychiatry does not consult with any adjunctive providers who are not employees of Fox Valley Psychiatry. Fox Valley Psychiatry does not participate in any investigational, research studies or collaborative endeavors that would lead to the disclosure of PHI.

**Right to Request Confidential Communications:**

Fox Valley Psychiatry communicates preferentially with you via secure messaging through the healthcare portal. Phone communications and physical mailing are also options. To protect your privacy, emailing protected health information is not an option. You have the right to ask that we communicate your health information to you in a particular manner. For example, you can request that we contact you only at one phone number or by mail. We will accommodate reasonable requests.

**Right to Inspect and Copy:**

You have the right to inspect and receive a copy of your health information. Most information you can obtain yourself by logging into the healthcare portal. Should you wish to review a printed copy of your health information you should make a request using the form available on the website by going to the "Patients" page and then clicking "Record requests" or sending a letter to the Privacy Officer. Your healthcare provider will review the records requested and if approving will make a paper copy to mail to you. We may charge you a reasonable fee if you want a printed copy of your health information.

**Right to Correct Your Record:**

If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is maintained by Fox Valley Psychiatry Ltd. Requests for correction should be made by submitting a form requesting this available on the website by going to the "Patients" page and then clicking "Record requests" or sending a letter to the Privacy Officer. We will respond to your request within 60 days after you submit the form. We are not required to agree to the amendment.

**Right to an Accounting of Disclosures:**

You have a right to request an accounting for disclosures. This accounting is a list of those people with whom Fox Valley Psychiatry Ltd. may have shared your health information, with certain exceptions. We may charge you a reasonable fee if you request more than one accounting for disclosures in any 12-month period. Requests for an accounting of disclosures should be made by submitting a form requesting an accounting of disclosures available on the website by going to the

“Patients” page and then clicking “Record requests” or sending a letter to the Privacy Officer. We will respond to your request within 60 days after you submit the request.

**Right to File Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with Fox Valley Psychiatry Ltd. or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with Fox Valley Psychiatry Ltd., contact the Privacy Officer using the contact information provided below. All complaints to us must be made in writing. You will not be retaliated against for filing a complaint.

**HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION WITH OTHERS**

**For Treatment:**

Your health information may be used and disclosed by those who are involved in your care for the purpose of providing your health care treatment and related services. This includes, but is not limited to, your psychiatrist utilizing information to determine the plan of care. Fox Valley Psychiatry Ltd. does not participate in any research endeavors and does not have any affiliated organizations with whom it shares your health information, with the exception of uses for billing practices as detailed below.

**For Payment:**

We may use and disclose health information to send bills and collect payment from you, your insurance company, or other payors, such as governmental agencies, for the services you receive from Fox Valley Psychiatry Ltd. For example, we may use your health information to determine eligibility or coverage for insurance benefits, to process and send claims to your insurance company, to review services provided to you to determine medical necessity, or to undertake utilization review activities.

**For Health Care Operations:**

We may disclose health information about you for the business operations of Fox Valley Psychiatry Ltd. with the objective of providing quality care. These operations include, but are not limited to, quality assessment activities, employee review activities, and licensing activities. You will be fully informed of these disclosures and have the right to decline to participate. We do share limited healthcare information with the company we contract with to run our billing operations.

**Appointments:**

We may use your health information for the purpose of sending appointment reminders to you through the mail or by telephone. Messages left for you will not contain specific health information.

**Required or Permitted by Law:**

We may use or disclose your health information when we are required or permitted by law to do so, including without limitation to disclose your health information for the following purposes:

- For public health and public health oversight activities
- To report suspected abuse, neglect, or violence to responsible law enforcement agencies so they may investigate or prosecute
- In response to a valid court order

- To a law enforcement official for purposes of identifying or locating a suspect, fugitive, or missing person
- To coroners and medical examiners
- For limited and specialized government functions, such as military and/or national security reasons, or to prison officials if you are in custody
- To Worker's Compensation officials if your condition is work-related
- If necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- If you are under the age of 18, to your parent, legal guardian, or someone to whom parental power has been legally delegated (under most circumstances), and if you are over 18 years of age, to your court-appointed guardian or to an agent appointed by you under a health care power of attorney

When sharing health information with others outside of Fox Valley Psychiatry Ltd., we share only what is reasonably necessary unless we are sharing health information to help treat you, in response to your written authorization, or as the law requires.

## OBLIGATIONS OF FOX VALLEY PSYCHIATRY LTD.

Fox Valley Psychiatry Ltd. is required by law:

- To maintain the privacy of protected health information
- To provide you with a notice of our legal duties and privacy practices with respect to protected health information
- To notify you following a breach of your unsecured protected health information
- To abide by the terms of the Notice of Privacy Practices

Fox Valley Psychiatry Ltd. reserves the right to change its information practices, and to make the new provisions effective for all health information we maintain. If we change our privacy practices, you will receive a revised copy at your next visit.

Effective Date: January 1, 2024.

## Contact Information

Fox Valley Psychiatry Ltd. Privacy Officer:

Telephone number: 920 882-7780

Mailing address:

Attn: Privacy Officer  
Fox Valley Psychiatry Ltd.  
4321 W College Ave, Ste 200  
Appleton, WI 54914

Fax: 920-214-1187

U.S. Secretary of the Department of Health and Human Services: (877) 696-6775