

NOTICE OF PRIVACY PRACTICES

Connect Mental Health and Wellness, LLC
1846 E Innovation Park Dr, STE 100
Oro Valley, Arizona 85755
Privacy Officer can be reached at 623-250-5365
Or info@connectmhw.com

Effective date: February 3, 2024

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health records:

You can ask to see or get a copy of your health records and other health information we have about you. We will provide you with a copy or summary of your health records, usually within 30 days of your request. We may charge a reasonable cost-based fee.

Ask us to correct health records:

You can ask us to correct your health records if you think they are incorrect or incomplete.

We may opt to append your health and claims records instead of correcting the records depending on the legal terms we have to follow.

Request confidential communications:

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say “yes” if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share:

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may have to say “no” if it would affect your care or be in disagreement with any rules or regulations.

Get a list of those with whom we’ve shared information:

You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

Choose someone to act for you:

If you have given someone medical power of attorney or if someone is your legal guardian that person can exercise your rights and make choices about your health information

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

You can file a complaint if you feel we have violated your rights by contacting us using the information on the last page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave SW

Washington DC 20201 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends or others involved in payment for your care.

Share information in a disaster relief situation.

If you are not able to tell us your preferences (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Most sharing of psychotherapy notes

OUR USES and DISCLOSURES

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive:

We can use your health information and share it with professionals who are trying to treat you including but not limited to providers, administrative staff such as billers and schedulers and pharmacists.

Run our organization:

We can use and disclose your health information to review and improve the quality of care we provide or the competence and qualifications of our professional staff.

We can use and disclose your health information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.

Bill for your services:

We can use and share your health information to bill and get payment from health plans or other entities such as other health care providers or health care clearinghouses.

Help with public health and safety issues:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Do research:

We can use or share your information for health research.

Comply with the law:

We will share your information if state or federal laws require it, including with the Department of Health and Human Services to verify that we're complying with federal privacy laws.

We can share your health information in response to a court or administrative order or in response to a subpoena.

Work with medical examiner or funeral director or organ and tissue donation requests:

We can share your health information with a coroner, medical examiner or funeral director if an individual dies. We can share your health information with organ procurement organizations.

Address workers' compensation, law enforcement and other government requests:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security and presidential protective services

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time but notify us in writing as well.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.