TENTIE
PSYCHIATRY
José M. Torrijos, MD
Adult Psychiatry · In person in Houston and by telehealth across Texas

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.

Effective date: **[EFFECTIVE DATE]**

OUR COMMITMENT TO YOUR PRIVACY

Tentie Psychiatry is dedicated to protecting the privacy rights of its patients and the confidential information entrusted to the practice. Ensuring that your health information is never compromised is a central principle of how this practice operates. Privacy policies and practices may be amended from time to time; you will be informed of any change that affects your rights.

This notice applies to all paper and electronic records of your care maintained by José M. Torrijos, MD, whether created by the practice or received from outside sources such as other clinicians involved in your care and laboratory reports.

The HIPAA Privacy Officer for this practice is **[NAME — likely José M. Torrijos, MD; confirm]**.

PROTECTING YOUR PERSONAL HEALTH INFORMATION

Your information is used and disclosed only as permitted by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the law of the State of Texas. This includes matters relating to your treatment, payment for treatment, and health care operations. Your protected health information will not otherwise be given to anyone, including family members, without your written authorization. You may authorize disclosure to anyone you choose, for any purpose.

Offices and electronic systems are secured against unauthorized access, and anyone working with the practice is trained to maintain the confidentiality of your records. These policies apply to former, current and future patients.

INFORMATION WE COLLECT

Only the personal information needed to provide care, process payment, conduct appropriate practice operations, and comply with the law is requested. This may include your name, address, telephone numbers, date of birth, government identification number, employment information, medical history and health records. Most information is collected directly from you; where necessary, information may be obtained from third parties. Regardless of the source, your information is protected to the full extent of the law.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy notes are handled separately under HIPAA and carry additional protections. In most instances the practice must obtain your authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment or health care operations, or for the routine situations listed below. All other circumstances require a valid authorization from you.

Confidential information may be released for payment and health care operations only to health plans and their agents and to business associates of the practice. Life insurance companies, automobile insurance companies and workers' compensation carriers are not health plans under HIPAA; disclosure to them requires your authorization unless otherwise required by state or federal law.

Your written authorization will also be obtained before using or disclosing:

- Protected health information in a way that is not described in this notice.
- Protected health information for marketing purposes.
- Protected health information in a way that would be considered a sale of that information.

You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

ROUTINE USES AND DISCLOSURES

For treatment

Information about you may be used to provide, coordinate or manage your care. An example is consultation with another health care provider, such as your primary care physician or therapist.

For payment

Information may be used and disclosed so that the services you receive may be billed and payment collected from you or, where you have authorized it, from a third party. This practice does not file insurance claims; where you request a superbill for your own out-of-network submission, it will include the diagnosis and billing codes for the appointment.

For health care operations

Information may be used for the administrative functions necessary to run the practice and maintain quality of care. Information may be shared with business associates who provide services on the practice's behalf, such as electronic health record, transcription or billing services. These third parties are contractually bound to protect your information to the same standard.

Communicating with you and with others involved in your care

The practice may contact you to provide appointment reminders by voicemail, text message or email, or information about treatment alternatives and other health-related services that may be of interest to you. In certain situations information may be shared with a family member or friend involved in your care or in payment for your care, unless you have asked that such disclosures not occur and the practice has agreed. Information disclosed will be directly relevant to that person's involvement. Wherever possible, this person will be identified by you in advance. In an emergency, or where you are unable to indicate a preference, information may be shared as necessary to coordinate your care or notify your family.

SPECIAL SITUATIONS

1. As required by law. Information will be disclosed when federal, state or local law requires it — for example, in response to a valid court order.
2. To avert a serious threat to health or safety. Information may be used or disclosed when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Disclosure would be made only to someone able to help prevent the threat.
3. Abuse or neglect. Texas law requires reporting of suspected abuse, neglect or exploitation of a child, an elderly person, or a person with a disability.

4. Public health activities. Information may be disclosed to public health authorities for purposes such as preventing or controlling disease or reporting adverse reactions to medications.
5. Health oversight activities. Information may be disclosed to an agency conducting audits, investigations, inspections or licensure activities.
6. Judicial and administrative proceedings. Information may be disclosed in response to a court or administrative order, or to a subpoena or discovery request where reasonable efforts have been made to notify you or to obtain a protective order.
7. Law enforcement. Information may be released to law enforcement officials in specific circumstances defined by law, such as reporting certain injuries or responding to a valid legal process.
8. Coroners and medical examiners. Information may be released to identify a deceased person or determine cause of death.
9. Research. Information may be used for research where an institutional review board has approved a protocol that protects your privacy, or where the information has been de-identified.
10. Military, national security and protective services. Information may be released as required by military command authorities or for authorized national security activities.
11. Workers' compensation. Information may be released as authorized by workers' compensation laws.
12. Inmates. If you are an inmate of a correctional institution, information may be released to that institution as permitted by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right of access

You have the right to inspect and obtain a copy of your health information, in the form and format you request where it is readily producible. Requests must be made in writing. A reasonable, cost-based fee allowed by law may be charged for copies. In limited circumstances access may be denied, and where the law provides for it, that denial may be reviewed.

Right to request an amendment

If you believe information in your record is incorrect or incomplete, you may ask in writing that it be amended, stating the reason for the request. The practice may deny a request where the information was not created by this practice, is not part of the records kept by the practice, is not part of the information you would be permitted to inspect, or is accurate and complete. You may file a statement of disagreement, which will become part of your record.

Right to an accounting of disclosures

You have the right to request a list of certain disclosures of your health information made by the practice or its business associates, other than disclosures for treatment, payment and health care operations and certain other exceptions. Requests must be made in writing and must state the period covered, which may not be longer than six years.

Right to request restrictions

You may request a restriction on the use or disclosure of your information for treatment, payment or health care operations, or to a person involved in your care. The practice is not required to agree to a requested restriction, except that it must agree to a request not to disclose information to a health plan where you have paid for the service in full out of pocket.

Right to request confidential communications

You may request that the practice communicate with you about medical matters in a particular way or at a particular location — for example, only by mail to a specified address, or only to a specified telephone number. Reasonable requests will be accommodated.

Right to a paper copy of this notice

You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.

Right to notification of a breach

You have the right to be notified in the event of a breach of your unsecured protected health information.

THE PRACTICE'S RESPONSIBILITIES

Tentie Psychiatry is required by law to maintain the privacy of your protected health information, to provide you with this notice of its legal duties and privacy practices, and to abide by the terms of the notice currently in effect. The practice reserves the right to change this notice and to make the revised notice effective for information it already holds as well as for information it receives in the future. A current copy of this notice will be available at the office and at tentiepsychiatry.com.

QUESTIONS AND COMPLAINTS

If you have questions about this notice, or if you believe your privacy rights have been violated, please contact the practice at **+1 (346) 655-5152** or in writing at **5373 W Alabama Street, Suite 428, Houston, TX 77056**.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, by calling 1-877-696-6775, or online at hhs.gov/ocr/privacy/hipaa/complaints.

> You will not be penalized, and your care will not be affected in any way, for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been provided with a copy of the Notice of Privacy Practices of Tentie Psychiatry, PLLC, and that I have had the opportunity to ask questions about it.

Patient — printed name	Date of birth
Patient — signature	Date
Legally authorized representative, if applicable	Date

Office use only — if the acknowledgement could not be obtained, describe the good-faith effort made and the reason:

Description	Staff initials / date