

THE PRAIRIE CLINIC

Notice of Policies and Practices to Protect the Privacy of Your Health Information Effective April 14, 2003

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization.

- “PHI” refers to information in your health record that could identify you.
- Treatment is when we provide, coordinate, or manage your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- Payment is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

If you have any questions regarding this statement or would like a copy of same for your records, please see the business office.

Name

Date