DECOTEAU TRAUMA-INFORMED CARE & PRACTICE, PLLC

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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.**

This notice also applies to your substance use disorder (SUD) patient records, which receive special federal protections under 42 CFR Part 2 in Addition to HIPAA protections.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your protected health information (PHI) for the following purposes without your authorization:

For Treatment.

- We may use or disclose your PHI to provide, coordinate, or manage your health care and related services. This includes consulting with other health care providers involved in your care.

For Payment.

- We may use or disclose your PHI to obtain payment for the health care services we provide. This may include billing your insurance company, determining eligibility, or coordinating benefits.

For Health Care Operations.

- We may use or disclose your PHI for our internal operations, including quality assessment and improvement activities, care coordination, business management, and compliance with legal requirements.

Required by Law.

- We may disclose your PHI if we're required by law: court orders (with specific Part 2 protections), public health/safety, mandatory reporting (child/elder abuse), and emergencies.

Other Permitted or Required Uses and Disclosures.

We may use or disclose your PHI without your authorization when required or permitted by law, including:

- To you or your personal representative
- For public health activities (e.g., reporting communicable diseases)
- To report suspected child or vulnerable adult abuse or neglect
- For health oversight activities (e.g., audits, investigations)
- For judicial and administrative proceedings (with appropriate safeguards)
- For law enforcement purposes (subject to limits)
- To avert a serious threat to health or safety
- For research purposes (under certain conditions)
- For workers' compensation purposes
- As required by law or in response to a court order

Uses and Disclosures Requiring Authorization.

Other uses and disclosures of your PHI (such as for marketing, sale of information, or most psychotherapy notes) will only be made with your written authorization. You may revoke such authorization in writing at any time, except to the extent we have already relied on it.

Special Note on Part 2 SUD Records:

Most disclosures require your written consent. Redisclosure by recipients may no longer be protected by Part 2. We will not use your records in civil/criminal proceedings against you without your consent or a court order.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights:

- **Right to Access and Copy.** You have the right to inspect and obtain copies of your PHI (with limited exceptions). We may charge a reasonable fee for copies.
- **Right to Amend.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your PHI.
- **Right to Request Restrictions.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to all requests, but we will comply with any restriction we accept.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you by alternative means or at alternative locations (e.g., only by encrypted email or at a different address) to protect your privacy.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time.

For SUD records:

- You may revoke consents (except to the extent action has already been taken). SUD counseling notes have additional protections.

OUR DUTIES

We are required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of this Notice. We will notify you if we cannot honor a requested restriction. We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revised Notice will be posted in our office and made available to you upon request. Changes will apply to all PHI we maintain.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with us, please contact the person listed below.

CONTACT INFORMATION

If you have any questions about this Notice or would like to exercise any of your rights, please contact:

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