

INTEGRATED BEHAVIORAL SERVICES, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICATION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Integrated Behavioral Services, Inc. is required by law to maintain the privacy and confidentiality of your protected health information and to provide to our patients with notice of legal duties and privacy practices with respect to your protected health information.

Disclosure of your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. We will use and disclose your protected health care information to provide, coordinate, or manage your health care and any related services. This includes that coordination or management of your health care with a third party. For example, we would disclose your protected health information as necessary to a home health agency that provides care for you. For example, your protected health information may be provided to another psychiatrist/therapist/physician to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Healthcare Operations

We may disclose, as needed, your protected health information in order to support the business activities of IBS. These activities include, but are not limited to: quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. In addition, we may confirm your upcoming appointments by telephone, unless otherwise instructed by you in writing. We may use disclose you protected health information, as necessary, to contact you to remind you of your appointment or to notify you of any changes in your appointment. We may also call you by your first name in the waiting room when your physician/therapist is ready to see you.

Emergencies

We may disclose your health care information to notify or assist notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease and infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership

In the event that Integrated Behavioral Services, Ins. is sold or merged with another organization, your health information will become property of the new owner.

Your Health Information Rights

You have the right to inspect and copy your protected health information:

Under Federal Law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Integrated Behavioral Services, Inc. is not required to agree to the restrictions that you request.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have the right to request that Integrated Behavioral Services, Inc. amend your protected information. Please be advised Integrated Behavioral Services, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be advised with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have the right to receive an accounting of disclosures of your protected health information made by Integrated Behavioral Services, Inc.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Integrated Behavioral Services, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make new provisions effective for all information that it maintains. Until such amendment is made, Integrated Behavioral Services, Inc. is required by law to comply with this Notice.

Integrated Behavioral Services, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact the office manager at 513-272-0066. If she is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your privacy rights, or how Integrated Behavioral Services, Inc. has handled your health information should be directed to the office manager by calling this office at 513-272-0066. If the office manager is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 07/01/2009.

I have read the Privacy Notice and understand my rights contained in this notice.

By way of my signature, I provide Integrated Behavioral Services, Inc. with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment and health care operation as described in the Privacy notice.

You may print this privacy notice for your records.

Please print and sign the subsequent form, from registration forms, acknowledging you have received/read this and bring to your appointment.