

Maegen S. Vincent, MD, LLC
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NOTICE OF PRIVACY POLICIES

This Notice applies to Maegen S. Vincent, MD, LLC. The purpose of this Notice is to describe how Maegen S. Vincent, MD, LLC may use and disclose your protected health information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”), and the HIPAA Omnibus Final Rule (the “Final Rule”).

The HIPAA Privacy Rule protects only certain medical information, known as protected health information (“PHI”). PHI is health information collected from you or created or received by a health care provider, from which it is possible to identify you and that relates to: (1) your past, present, or future physical or mental health condition; (2) the provision of health care services to you; (3) or the past, present, or future payment for the provision of health care services to you.

Maegen S. Vincent, MD, LLC is required under HIPAA to maintain the privacy of your PHI. Mental health records are a special type of PHI that may only be used or disclosed under special circumstances listed below. Maegen S. Vincent, MD, LLC must abide by the terms of this Notice, and must provide you with a copy of this Notice upon request.

Professional Records

The law and standards of the medical profession require Maegen S. Vincent, MD, LLC, to keep treatment records. All communication and clinical treatment will be documented in the patient chart in a HIPAA compliant electronic medical record system (Osmind). Osmind’s privacy policy may be viewed here: <https://www.osmind.org/privacy-policy>.

Under the provisions of the Health Care Information Act of 1992, you have the following rights with respect to your PHI:

- *Right to Inspect and Copy Your PHI.* Other than protected mental health information kept separate from the rest of your medical record, you have the right to inspect and copy your PHI. Under certain limited circumstances, you may be denied access to a portion of your records.
- *Right to Share PHI.* You can make a written request to Maegen S. Vincent, MD, LLC to share treatment information or provide copies of your record to any other provider.
- *Right to Request a Restriction on Uses and Disclosures of PHI.* In your request, you must tell Maegen S. Vincent, MD, LLC: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; (3) to whom specifically you want the limits to apply, for example, disclosures to your spouse. Maegen S. Vincent, MD, LLC is not required to agree to a requested restriction unless otherwise required by law. If Maegen S. Vincent, MD, LLC agrees to your request, Maegen S. Vincent, MD, LLC, will honor the restriction until you revoke it.
- *Right to Request Confidential Communications.* All communications are conducted through the secure patient portal. In addition, patients can choose to receive appointment reminders via email and/or text.
- *Right to Amend Your PHI.* You have the right to request an amendment of your PHI that is maintained by Maegen S. Vincent, MD, LLC if you believe the information is inaccurate or

incomplete. Maegen S. Vincent, MD, LLC may deny your request if your PHI is determined to be accurate and complete.

- *Right to Request Accounting of Disclosure.* You have the right to request an accounting of where your PHI has been disclosed.
- *Right to Receive a Paper Copy of this Notice.* You have the right to receive a copy of this Notice upon request.
- *Right to Be Notified of a Breach.* You have the right to be notified in the event that Maegen S. Vincent, MD, LLC (or a Business Associate) commits or discovers a breach of unsecured PHI.

Because these are professional records, they can be misinterpreted by untrained readers. If you wish to see your records, it is recommended that you review them with your provider during a visit so that you can discuss the contents.

Mental Health Information Special Protections

Mental health information (including psychotherapy notes) maintained by Maegen S. Vincent, MD, LLC is protected by federal and state laws beyond the HIPAA protections described above. Protected mental health information includes notes prepared by a mental health professional that document the contents of a conversation during an appointment and that are maintained separate from the rest of your medical records. No one, including the patient and any legal guardians, has a right to inspect or copy a patient's psychotherapy notes.

Protected mental health information may not be used or disclosed without your special written authorization, except in the following circumstances:

- use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual
- use or disclosure to government agencies when that agency requests them in order to investigate Maegen S. Vincent, MD, LLC's compliance with federal privacy and confidentiality laws and regulations
- use or disclosure as required by law

Limitations to Confidentiality

In general, the law protects the privacy of all communications between a patient and a mental health professional, and this practice can only release information about the patient and the patient's treatment to others with the patient's or their legal guardian's written permission.

There are some exceptions including the following:

- **For Emergent Medical Treatment:** If a patient is determined to be an imminent threat or danger to themselves or others, Maegen S. Vincent, MD, LLC may use or disclose their PHI to facilitate emergent medical treatment. Maegen S. Vincent, MD, LLC may disclose medical information about you to family members or others, including doctors, nurses, technicians, or hospitals who are involved in taking care of you in an emergency. This rarely occurs; however, if it does, there will be a good faith effort to discuss it with a patient before taking any action.
- **Individuals Involved in Your Care:** Maegen S. Vincent, MD, LLC may release health care information about you to a friend or family member who is involved in your health care. This release requires written or verbal consent from you.
- **Appointment Reminders:** Maegen S. Vincent, MD, LLC, may use and disclose health care information to contact you as a reminder that you have an upcoming appointment. Patients can choose if and how they receive these reminders (e.g., email, phone).

- **Business Associates:** Maegen S. Vincent, MD, LLC may contract with certain service providers (“Business Associates”) to perform various functions on behalf of the practice. To provide these services, the Business Associates may receive, create, maintain, use or disclose PHI. Maegen S. Vincent, MD, LLC and each Business Associate have already entered into an agreement requiring the Business Associate to safeguard your PHI as required by law and in accordance with the terms of this Notice.
- **Required by Law:** Maegen S. Vincent, MD, LLC may use or disclose your PHI to the extent required by federal, state, or local law. For example, Maegen S. Vincent, MD, LLC, may disclose your PHI when required by national security laws or public health disclosure laws.
- **Lawsuits and Disputes:** Maegen S. Vincent, MD, LLC, may disclose your PHI in response to a court or administrative order. Your PHI may also be disclosed in response to a subpoena, discovery request or other lawful process if efforts have been made to tell you about the request or to obtain an order protecting your PHI.
- **Certain Government Agencies and Officials:** Maegen S. Vincent, MD, LLC, may disclose your PHI to (1) government agencies involved in oversight of the health care system; (2) government authorities authorized to receive reports of abuse, neglect, or domestic violence; (3) law enforcement officials for law enforcement purposes; (4) military command authorities, if you are/were a member of the armed forces; (5) correctional institutions, if you are an inmate or under custody of a law enforcement official; and (6) federal officials for national security activities.

Acknowledgement of Receipt of Notice of Privacy Practices:

I acknowledge that I consent that my PHI may be used for treatment, payment or operations, subject to the uses and limitations set forth in state and federal law. Any additional uses of my PHI shall require my authorization.

Patient’s or Guardian/ representative’s signature

Date and time of signature

Print name of patient

Print name of guardian/representative