





# Magura Psychiatry and Mental Health Services

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## NOTICE OF PRIVACY PRACTICES

 **Effective Date:** February 10, 2025

This notice describes how your **Protected Health Information (PHI)** may be used and disclosed and how you can access this information. Please review it carefully.

You may have additional rights under state and local laws. If you have questions about your healthcare privacy rights, please contact us at [avm2000@rocketmail.com](mailto:avm2000@rocketmail.com) or consult an attorney licensed in your state.

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### I. Our Commitment to Your Privacy

At **Magura Psychiatry and Mental Health Services**, we understand that your health information is **personal and confidential**. We are committed to protecting your **Protected Health Information (PHI)** and keeping it secure.

We maintain a record of your care to provide **quality treatment** and comply with legal requirements. This notice explains how we may **use and disclose** your health information, your **rights**, and our **obligations** under the law.

#### Our Legal Responsibilities

We are required by law to:

- ✓ **Keep your PHI private.**
  - ✓ **Provide you with this notice** explaining our legal duties and privacy practices.
  - ✓ **Follow the terms of this notice** while it is in effect.
  - ✓ **Notify you** if there is a breach of your unsecured PHI.
  - ✓ **Update this notice as necessary**, making it available in our office and on our website.
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### II. How We May Use and Disclose Your Health Information

We may use or disclose your PHI for the following purposes without your written authorization:

## 1. Treatment, Payment, and Healthcare Operations

We may use and share your PHI to:

- **Provide treatment** (e.g., sharing information with other healthcare providers for consultations or referrals).
- **Process payments** (e.g., sending billing invoices to insurance companies).
- **Manage healthcare operations** (e.g., appointment reminders, quality assessments, training for healthcare providers).

✦ **Example:** If a psychiatrist consults with another mental health professional about your treatment, they may share PHI to assist in diagnosis and care.

## 2. Legal Requirements & Public Safety

We may disclose PHI when required by law, including for:

- **Legal proceedings** (e.g., court orders, subpoenas).
- **Public health reporting** (e.g., abuse, neglect, serious threats to safety).
- **Law enforcement requests** (e.g., reporting crimes on our premises).
- **Government functions** (e.g., military, national security, correctional institutions).
- **Health oversight activities** (e.g., audits, compliance investigations).

## 3. Workers' Compensation & Insurance

We may disclose PHI to comply with **workers' compensation laws** or insurance claims.

## 4. Organ and Tissue Donation

If you are an organ donor, we may disclose PHI to organizations involved in organ donation and transplantation.

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# III. Uses and Disclosures That Require Your Written Authorization

## 1. Psychotherapy Notes

We maintain **psychotherapy notes** as defined by HIPAA (45 CFR § 164.501). These require your **written authorization** for use or disclosure, except in limited cases such as:

- Your treatment.
- Supervision/training of mental health professionals.

- Legal defense if you bring a claim against us.
- Government compliance investigations.
- Situations required by law (e.g., reporting serious threats).

## 2. Marketing & Patient Reviews

We will **never** use or disclose your PHI for **marketing** without your **explicit written consent**.

✦ **Example:** If you provide a **review** about our services that includes PHI (such as your name or treatment details), we will request a **HIPAA authorization** before sharing it publicly. You can withdraw consent at any time by submitting a **written request to avm2000@rocketmail.com** or by certified mail to our address.

## 3. Sale of PHI

We do **not** sell your PHI under any circumstances.

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# IV. Uses and Disclosures That Require Your Opportunity to Object

## 1. Disclosures to Family, Friends, or Caregivers

We may share PHI with **family members, close friends, or others involved in your care** if you give us permission.

✦ **Example:** If you are **unconscious or facing a medical emergency**, we may share PHI to help ensure proper care, but we will provide you an opportunity to object later.

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# V. Your Rights Regarding Your Health Information

As a patient, you have the following rights regarding your PHI:

## 1. Right to Request Limits on Use & Disclosure

- You may **request restrictions** on how we use or share your PHI for **treatment, payment, or operations**.
- We are **not required** to agree if it affects your care, but we will **consider all reasonable requests**.

## 2. Right to Restrict Disclosure to Health Plans

- If you **pay out-of-pocket in full**, you can request that we **do not** disclose PHI to your insurance provider.

### 3. Right to Choose How We Contact You

- You may request that we **contact you in a specific way** (e.g., email, phone, mailing address).
- We will accommodate all **reasonable requests**.

### 4. Right to Access & Copy Your Records

- You may request an **electronic or paper copy** of your medical records.
- We will provide your records **within 30 days** of receiving a **written request** (fees may apply).

### 5. Right to Request Amendments to Your Records

- If you believe there is an error in your PHI, you can request a **correction**.
- If we **deny your request**, we will provide a **written explanation** within **60 days**.

### 6. Right to Receive a List of Disclosures

- You may request a list of **who has accessed your PHI** (excluding those for treatment, payment, or operations).
- We will provide this information for the **past six years**, free once per year.


### 7. Right to Receive a Copy of This Notice

- You may request a **paper or electronic** copy at any time, even if you agreed to receive it electronically.

### 8. Right to File a Complaint


If you believe your privacy rights have been violated, you may file a complaint with:


 **Magura Psychiatry and Mental Health Services**

 **(440) 212-5862**

 **avm2000@rocketmail.com**

Or with the **U.S. Department of Health & Human Services (HHS):**

 200 Independence Avenue, S.W., Washington, D.C. 20201

 **(877) 696-6775**

 [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)


We **will not retaliate** against you for filing a complaint.

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## Contact Us

For questions about this Notice or your privacy rights, please contact us at:

 **Magura Psychiatry and Mental Health Services**

 **(440) 212-5862**

 **avm2000@rocketmail.com**