

## **MOSAIC MIND PSYCHIATRY PATIENTS' RIGHTS AND RESPONSIBILITIES**

### **Acknowledgment of Receipt of HIPAA Notice of Privacy Practices**

This document contains important information about your rights under federal law, specifically the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, patients must be provided with a Notice of Privacy Practices that explains how their PHI may be used and disclosed.

### **Use and Disclosure of Protected Health Information**

Your Protected Health Information (PHI) may be used and disclosed for purposes related to treatment, payment, and healthcare operations, as permitted under the Health Insurance Portability and Accountability Act (HIPAA).

1. **Treatment:** Your health information may be used within the practice as part of your ongoing treatment. If it becomes necessary to share information with another healthcare provider involved in your care outside of this practice, you will typically be asked to sign an Authorization for Release of Information before any information is disclosed, as required by law.
2. **Payment:** Your health information may be used or disclosed to obtain payment for services provided to you, including submitting information to your insurance provider or other responsible parties, as outlined in your Consent to Treatment or Financial Policy.
3. **Healthcare Operations:** Your health information may also be used as part of the practice's internal operations. This may include activities such as quality assurance reviews, staff training, auditing, or administrative functions necessary to maintain and improve the quality of care provided. From time to time, we may also use your contact information to inform you about services, educational opportunities, or information that may be relevant to your care.

### **Limits of Confidentiality and Permitted Disclosures**

Federal law protects the privacy of communications between a patient and a healthcare provider. In most situations, Mosaic Mind Psychiatry may only release information about your treatment to others if you provide written authorization that meets the legal requirements established by the Health Insurance Portability and Accountability Act (HIPAA). However, there are certain situations permitted or required by law to disclose information without your written authorization. If such a situation arises, the disclosure will be limited to the minimum amount of information necessary.

Examples of situations where your information may be disclosed without authorization include:

1. **Legal:** Law Enforcement Requests, Court Orders or Subpoena's
2. **Health Oversight Activities:** Government agencies responsible for healthcare oversight may request information for audits, inspections, investigations, or other authorized activities.
3. **Professional Complaints or Legal Claims:** If a patient files a complaint or legal claim, it may be necessary to disclose relevant information as necessary to respond to the complaint.

4. **Workers' Compensation Claims:** If a patient were to file a workers' compensation claim, Mosaic Mind Psychiatry may be required to submit treatment reports related to claim to appropriate parties such as employer, insurance carrier, or an authorized rehabilitation provider.
5. **Business Associates:** Individuals or organizations that perform services for the practice such as billing or administrative support. These entities are required to sign agreements to protect the privacy and security of your information.
6. **Situations Requiring Disclosure to Prevent Harm**
  - a. Serious threats to health or safety
  - b. Suspected Child Abuse or Neglect
  - c. Abuse, Neglect, or Exploitation of a Vulnerable Adult
  - d. Public Health reporting and disease prevention

**A patient has the right to:**

- respectful care given by competent personnel which reflects consideration of personal value and belief systems and which optimizes comfort and dignity.
- know what facility policies, rules and regulations apply to conduct as a patient.
- good quality care and high professional standards that are continually maintained and reviewed.
- expect emergency procedures to be implemented without unnecessary delay.
- medical services without discrimination based upon race, color, religion, gender, sexual preference, handicap, national origin, or source of payment.
- make decisions involving health care, in collaboration with the practitioner. While Mosaic Mind Psychiatry recognizes the right of the patient to participate in care and treatment to the fullest extent possible, there are circumstances under which the patient may be unable to do so. In these situations (e.g. if the patient has been adjudicated incompetent in accordance with the law, or is found to be medically incapable of understanding the proposed treatment, or is unable to communicate wishes regarding treatment) the patient's rights are to be exercised, to the extent permitted by law, by the designated representative or other legally designated person.
- upon request, be given the name of the supervising physician, and the names of all other physicians or practitioners directly participating in care
- receive care in a safe setting, and be free from all forms of abuse and harassment.
- to have all information, including records pertaining to medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
- have medical records read only by individuals directly involved in care, by individuals monitoring the quality of care, or by individuals authorized by law or regulation.
- be communicated with in a manner that is clear, concise and understandable. If the patient does not speak English, they should have access, where possible, to an interpreter.
- full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications.
- accept medical care or to refuse any drugs, treatment, or procedure offered by the practice, to the extent permitted by the law; a provider shall inform the patient of the medical consequences of such refusal.

- participate in the consideration of the ethical issues surrounding care, within the framework established by this organization to consider such issues.
- examine and receive a detailed explanation of the bill.
- full information and counseling on the availability of known financial resources for their health care.
- voice complaints regarding care, without recrimination; to have those complaints reviewed, and when possible, resolved.
- The patient cannot be denied the right of access to an individual or agency who is authorized to act on their behalf to assert or protect the rights set out in this section.

**A patient should act in accord with practice policies, rules, and regulations and assume responsibility for the following:**

- the practice expects that a patient, or their designated/legal representative, will provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, "advance directives", and other matters relating to the health history or care in order for them to receive effective medical treatment.
- reporting whether they clearly comprehend a contemplated course of action and what is expected of him/her.
- Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not releasing the information in question to that person or agency might be harmful to you.
- cooperating with all practice personnel and ask questions if directions and/or procedures are not clearly understood.
- being considerate of other patients and practice personnel, to assist in the control of noise and visitors in the room, and to observe the smoking policy of this institution. A patient is also expected to be respectful of the property of other persons and the property of the Medical Center.
- Duly authorized members of a patient's family or designated/legal representative are expected to be available to health care personnel for review of treatment in the event they are unable to properly communicate with health care givers.
- assuming the financial responsibility of paying for all services rendered either through third party payers (insurance company) or being personally responsible for payment for any services, which are not covered by insurance policies.

**COMPLAINTS**

If the patient or a family member thinks that a complaint or grievance remains unresolved through the office processes, they have the right to contact the Division of Acute and Ambulatory Care, PA Department of Health. P.O. Box 90, Health and Welfare Building, Harrisburg, PA 1180-0090, (800) 254-5164.

Your signature below indicates that you have received this notice and understand that it describes how your health information may be used and disclosed. You may revoke your

consent in writing at any time; however, any revocation will not apply to actions already taken in reliance on your prior acknowledgment.

Patient Full Name (printed)

Signature of patient or legal guardian

Date Signed

