

Notice of Privacy Practices

Synergy Psychiatric Mental Health by Michael L. Brown MD PLLC

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 1, 2025

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that information about you, your health, and your care is personal and we are committed to protect your health information by collecting your information through this secure system, Simple Practice, that meets the legal standards of privacy and allows you to select your communication preferences upon registration to maintain your privacy in addition to a secure messaging and video-teleconference access to share private information through the Simple Practice platform. Each contracted provider through Synergy Psychiatric Mental Health and Michael L. Brown MD PLLC create a record of the care and services provided. Your provider needs these records and your information to provide you with quality care and to comply with certain legal requirements. This notice

applies to all of the records generated and collected through this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. Also, describes your rights to your health information, and describes certain obligations we have regarding the use and disclosure of your health information. It is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- The terms of this Notice will be updated to maintain compliance, and such changes will apply to all information we have about you. The new Notice will be available upon request, and in the Simple Practice practice/provider's link.

II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED: The following categories describe and provide examples of different ways in which your health information may be used and disclosed. All of the ways in which it is permitted to use and disclose your information will fall within one of the categories; however, not all the ways in which it is permitted to be used and disclosed will be listed.

1. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Protected Health Information may also be disclosed for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with

another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

2. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
3. Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. "psychotherapy notes" are kept as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For use in treating you.
 - b. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For use in defending myself in legal proceedings instituted by you.

d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.

e. Required by law and the use or disclosure is limited to the requirements of such law.

f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.

g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes: will not use or disclose your PHI for marketing purposes.

3. Sale of PHI: will not sell your PHI in the regular course of the business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although it is preferred to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although it is preferred to obtain an Authorization from you, may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services may use and disclose your PHI to contact you to remind you that you have an appointment. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered. But prefer to send information through Simple Practice secure messaging system through the patient portal services.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. May provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. However, not required to agree to your request, and may say "no" if believe it would affect your health care.
2. The Right to Request Restrictions for Self-Pay or Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How to Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that is available about you. A copy of your records, or a summary of it can be provided, if you agree to receive the copy of records within 30 days of receiving your written request and agree to pay applicable charges.
5. The Right to Get a List of the Disclosures. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or

health care operations, or for which you provided me with an Authorization. A response to your request for an accounting of disclosures would be available within 60 days of receiving your request. Such list will be provided to you at no charge once per year. If you make more than one request in the last 12 rolling months charges will be applied.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request a correction to the existing information or add the missing information. Your provider may say "no" to your request, but will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received and reviewed the HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.