



PIVOTINGMINDS

PSYCHIATRY

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Please review this form carefully.

You have the right to:

Get a copy of your paper or electronic medical record

- You can ask to see or get an electronic or paper copy of your medical records and other health information on file for you.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Correct your paper or electronic medical record

- You can ask us to correct health information in your chart if you believe it is incomplete or incorrect.
- We may say “no” to this request, reasoning for this will be sent in writing within 60 days.

Request confidential information

- You can ask us to contact you in a specific way or to send mail to a certain address, we will say “yes” to all reasonable requests.

Ask us to limit the information we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared your information with

- You can ask for a list of whom we’ve shared your health information with and why.

Get a copy of the privacy notice

- You can ask for a paper copy of this notice at any time.

Patient Initial's _____

11968 Balm Riverview Rd Riverview, FL 33569

Office: (813) 819-3335

Fax: (866) 885-1512

info@pivotingmindspsychiatry.com



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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority before any action is taken

File a complaint if you believe your privacy rights have been violated

- You can file a complaint with our office if you feel we have violated your rights
- You can file a complaint with the U.S. Department of health and human services office for civil rights.

For certain health information, you can tell us your choice on what information is shared

- If you have a clear preference for how we share your information, please let us know.

You have both the right and the choice to tell us to:

- Share information with your family, close friends, or others you would like involved in your case with proper documentation on file.
- Share information as a disaster relief situation
- If you are mentally or psychically unable to tell us your preference, we may make an executive decision to share your information if it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we never share your information unless given written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We typically use or share your health information in the following ways

- With other professionals who are also treating you
- Improve your care and contact you when necessary
- Bill for services rendered at our practice
- Help with public health, research and safety issues
- To comply with any federal law
- When an individual dies, records can be released to a coroner, medical examiner, or funeral director.
- Address workers' compensation, law enforcement and other government requests

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We can use or share your health information:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions as military, national security, and presidential protective services.
- Response to lawsuits and/or legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena
- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described here unless you tell us otherwise in writing. This can be changed at anytime in writing.

SMS policy if checked on consent form:

- SMS is offered only for your convenience, we will send appointment reminders, provider referrals, links for appointments, scheduling follow up appointments and minimal conversations regarding appointments and or medication refills/issues.
- You have the right to Opt out of SMS messaging with our company at any time and will no longer received any messages from Pivoting Minds Psychiatry
- If you did opt in there will be no fees associated with any messaging sent or received from our company
- You have the right to choose what information can be sent via SMS
- SMS is done through our HIPAA compliant phone system "Ringcentral"
- If opted in no information obtained from our company will be given or sold at any time, your privacy is our main priority

I consent to receive SMS messages from Pivoting Minds Psychiatry based on the above mentioned policies

Patient Signature _____ Date _____