



Notice of Privacy Practices

To our patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Commitment to your privacy: Relational Advantage, Inc. is dedicated to maintaining the privacy of your Personal Health Information (PHI) and we are required by law to maintain the confidentiality of your PHI. It is our policy never to disclose any information about you without your written permission unless required by law to do so, such as in circumstances outlined below. Written permissions may be revoked or amended, except in circumstances where information has already been disclosed under the original authorization.

The following circumstances may require us to use or disclose your PHI with or without your permission:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. In response to a court order or if required to do so by a law enforcement official (such as in cases involving child or elder abuse).
3. When necessary to reduce or prevent serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
4. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
5. To federal officials for intelligence and national security activities authorized by law.
6. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
7. For Worker's Compensation and/or similar programs.

Your rights regarding your PHI:

1. You can request that we communicate with you about your PHI, including appointment reminders, in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate all reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosures of your PHI to only certain individuals involved in your care or the payment for your care, such as family members, friends, or insurance/EAP plan representatives. We are not required to agree with your request, however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may change your restrictions in writing to: Relational Advantage, Inc., 7355 N. Oracle Rd., Ste. 106, Tucson, AZ 85704-6326.
3. You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including medical records and billing records, but not including psychotherapy notes. Requests must be made in writing to Relational Advantage, Inc., 7355 N. Oracle Rd., Ste. 106, Tucson, AZ 85704-6326.
4. You may ask us to amend your PHI if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. Requests must be made in writing to: Relational Advantage, Inc., 7355 N. Oracle Rd., Ste. 106, Tucson, AZ 85704-6326. You must provide us with a reason that supports your request for amendment. We may refuse under certain circumstances as long as we provide you a written response stating the reason for the denial and notify you of your right to file a written objection and request that your objection be attached to all future disclosures.
5. You may request a list of disclosures that have been made of your PHI by our practice except those covered by prior authorization (e.g. if you signed an authorization for release of information or payment of insurance benefits) or those which affect national security. Records are available for seven years.
6. You are entitled to request and receive a copy of this notice at any time. We have the right to make changes to this notice.
7. If you believe your privacy rights have been violated, you have the right to file a complaint to the Secretary of the Department of Health and Human Services. To file a complaint with our office, submit a written complaint to Elizabeth Bailey at Relational Advantage, Inc., 7355 N. Oracle Rd., Ste. 106, Tucson, AZ 85704-6326 or Liz@RelationalAdvantage.com. You will not be penalized for filing a complaint.

According to HIPAA regulations, this notice went into effect April 14, 2003.

Reviewed 2/2/06