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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRACTICE'S PRIVACY  
OFFICER**

Effective: 5/17/04

**INTRODUCTION**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your protected health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. This is effective as of April 14, 2003 and we are required by law to abide by the terms of the Notice of Privacy Practices currently in effect. As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your protected health information and how we may use and disclose your health information.

**OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding the protected health information about you
- Follow the terms of our notice that is currently in effect

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

Described as follows are the ways we may use and disclose protected health information that identifies you, so we can carry out treatment, payment or health care operations, and use this for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Except for the following purposes, we will use and disclose your Protected Health Information only with your written permission. You may revoke such permission at any time by writing to our practice's privacy officer.

***Uses and Disclosures of Protected Health Information.*** Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you (to the extent permitted under HIPAA), to pay your health care bills, to support the operation of the physician's practice, and any other use required by law. Not all possible uses and disclosures are listed.

***Treatment.*** We may use and disclose your Protected Health Information for your treatment and to provide, coordinate or manage you with treatment-related health care services. For example, we may disclose Protected Health Information to doctors; nurses; physical therapists; dietitians; technicians; residents, medical or other health professional students; or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. This enables that provider to treat you and get paid for services as well as for that provider's health-care operations involving quality reviews or assessments or compliance audits.

***Payment.*** We may use and disclose your protected Health Information, as needed, so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your protected health information such as your name, address, office visit date, and codes identifying your diagnosis and treatment so that they will pay for your treatment or disclose your relevant protected health information to obtain approval for the hospital admission for a hospital stay.

***Health Care Operations.*** We may use and disclose, as-needed, your protected Health Information for health care operation purposes. These uses and disclosures are necessary for us to review our treatment and services and evaluate the performance of our staff in caring for you in order to make sure the MEDICAL/PSYCHIATRY care you receive is of the highest quality. These uses and disclosures are necessary to operate and manage our office and to make sure that all of our patients receive quality care. These include, but are not limited to, quality assessment activities, employee review activities, improvement activities, auditing functions, cost-management analysis, training of medical students, licensing, and conduction or arranging for other business activities. For example, we may use and disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked



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to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities. In determining what services are needed, we may use and disclose health information to doctors or other health or business professionals for reviewing, consulting, comparing and planning. If your protected health information is used in this manner, we may try to remove any information that identifies you or anyone else to further protect your health information. In addition, we may use and disclose your protected health information to accountants, attorneys, auditors, government regulators, or other consultants to assess and ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

***Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.*** We may use and disclose your Protected Health Information, as necessary, to contact you and to remind you that you have an appointment with us. We also may use and disclose Protected Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

***Individuals Involved In Your Care or Payment for Your Care.*** When appropriate, we may share your Protected Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

***Research.*** Under certain circumstances, we may use and disclose your Protected Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose the Protected Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Protected Health Information. While only limited identifying information will be used, we will also obtain certain assurances from the recipient that they will safeguard and only use and disclose the health information for limited purposes. We may also create and distribute de-identified health information by removing all references to individually identifiable information such as your name, address and social security number. Also, since we are committed to advancing science and medicine as a part of your treatment, our clinicians may offer you information about clinical research trials (investigational treatments). To make this determination on whether you are a candidate for certain clinical trials, our clinicians and research personnel may occasionally review your Protected Health Information and compare this to the clinical trial requirements.

***Alcohol and Drug Abuse.*** Federal law protects the privacy of alcohol and drug abuse records and records that contain alcohol and drug abuse information. In most cases we may not share any information outside our office that identifies a patient as an alcoholic or drug abuser. We may share the info if: 1) the patient gives permission in writing or 2) a court order allows us to share the information or 3) we share the information with medical personnel in a medical emergency or 4) we share the information for an approved person for research, audit, or program review.

***Requiring Your Written Authorization.*** Other uses and disclosures of your Protected Health Information that is not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. If you give us written authorization to use or disclose the Protected Health Information about you, you may revoke that authorization, in writing, at any time. Once you revoke your authorization, we will thereafter no longer use or disclose your Protected Health Information for the reasons covered by your authorization. We will be unable to take back any disclosures that we have already made when your authorization was in effect, and we are required to retain our records of the care we have provided you. If we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

### **SPECIAL SITUATIONS**

We may use or disclose your protected health information in the following situations without your authorization:

***As Required by Law.*** We will disclose your protected Health Information when required to do so by international, federal, state, or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose your Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Business Associates.*** We may disclose Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.



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**Organ and Tissue Donation.** If you are an organ donor, we may use or release Protected Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation; and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release your Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risk.** We may disclose Protected Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products as required by the US Food and Drug Administration (FDA); notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contractions or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information 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 required.

**Law Enforcement.** We may release Protected Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, legal proceeding or similar process; 2) limited information to identify or locate a victim, suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Protected Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Protected Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Protected Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information to the correctional institution or law enforcement official. This release would be made if necessary; 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

## **YOUR RIGHTS**

You have the following rights regarding the Protected Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this Protected Health Information, you must make your request, in writing, to the practice's privacy officer. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. If you request either a copy or a prepared summary of the Protected Health Information, we reserve the right to charge a fee for the costs of copying, mailing or faxing your requested health information. We will generally respond to your request for health information within 30 days of receiving your request, unless your health information is not readily accessible, or the information is maintained in an off-site storage



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location. In certain very limited circumstances, we may deny your request to inspect and copy your Protected Health Information.

**Right to Amend.** If you feel that your Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the practice's privacy officer. In addition to this, you must provide a reason which supports this request. The law limits your ability to change or add to your Protected Health Information. We may deny your request for an amendment if it is neither in writing nor does it include a reason to support your request, if the Protected Health Information did not originate from our office, is not part of your Information that is kept at this practice, is not permitted for you to inspect or copy, or we deem it to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Any such statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for the information that is pertaining to the appropriate portion of your record. Under no circumstances, will we erase or otherwise delete original documentation in your Protected Health Information.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of your Protected Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing to the practice's privacy officer. Generally, we will respond to your request within 60 days of receiving your request unless additional time is needed. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services or where you had provided your written authorization to the disclosure. Your request must state the time period that you want to receive a list of disclosures which can not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate if you want this list to be printed or in electronic form. The first list you request within a 12-month period will be free, but we reserve the right to charge you a fee for any additional lists.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the practice's privacy officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Any restriction that is approved will not affect any use or disclosure that we are legally required or permitted to make under the law. If the physician believes it is in your best interest to permit use and disclosure of your protected health information then this will not be restricted.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location such as where we may contact you for appointment reminders, lab results or other related information. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request, in writing, to our practice's privacy officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of the current notice, please notify the practice's privacy officer.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this notice and make the revised or changed notice apply to your Protected Health Information we already have as well as any information we receive in the future. We will provide you with the revised notice by making it available to you upon request and by posting a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our practice's privacy officer. All complaints must be submitted in writing. We will neither penalize you nor retaliate against you for filing a complaint. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to your Protected Health Information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.