

Notice of Privacy Practices

Artemis Behavioral Health

2040 W. Main St, ste 312

Rapid City, SD 57702

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibility.

This notice describes how personal health information (PHI) about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

This section describes permitted uses and disclosures of your protected health information and contains examples. Not all situations are described.

- For Treatment. We may use or disclose your protected healthcare information to provide, coordinate, or manage your healthcare and related services. We can use your protected health information and share it with other healthcare professionals who are treating you. Example: asking your psychiatrist or primary care doctor about your overall health. Example: Consulting with another therapist about whether or not a particular treatment may be appropriate, considering your diagnosis and history.
- For Payment. We may use or disclose your protected health care information to obtain payment or to pay for the health care services you receive. For example, information from your medical record (Your diagnosis, treatment plan, and progress notes) may be shared with your insurance company for reimbursement purposes or in the event of an audit.
- We may use or disclose your protected health information when required by federal or state law. As Required for Law Enforcement.
- We may use or disclose your protected health information when required by court order, subpoena, warrant, summons, or similar legal process.
- Abuse Reports and Investigations. We are required by law to comply with mandatory reporting laws.
- To Avert a Serious Threat to Health or Safety. We may use or disclose your protected health information when necessary to prevent a serious threat to the health or safety of you or other individuals.

Your Rights

You have certain rights regarding your protected health information, as listed below. To exercise these rights, you must submit a written request on a form that you can obtain from our Compliance Officer. In some instances, we may charge you for the costs associated with providing you with the information you

request.

You have the right to:

- You may access, inspect, and obtain a copy of your protected health information for as long as we maintain the protected health information. This right does not include access to the following records: psychotherapy notes. Upon written request, we will provide a copy or summary of your protected health information, usually within 14 days of request. We may charge a reasonable, cost-based fee.
- Right to Request Amendment. If you believe that the information, we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. However, we may deny your request for certain reasons authorized by law.
- Right to an Accounting of Disclosures. You may request that we provide you with an accounting of the disclosures we have made of your protected health information. However, we may deny your request for certain reasons authorized by law.
- Right to Request Restrictions. You may ask us to not use or disclose any part of your protected health information for treatment, payment, or healthcare operations. However, we may deny your request for certain reasons authorized by law.
- Right to Request Confidential Communications. You may request us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Right to Obtain a Copy of this Notice. You have the right to ask for a paper copy of this notice.
- Right to choose someone to act for you. If you have been given medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Right to file a complaint if you believe your privacy rights have been violated.

You may contact our Compliance Officer for further information about the complaint process, or further explanation of this document.

Our Compliance Officer may be contacted at: South Dakota Department of Health Attn: HIPAA Compliance Officer 600 East Capitol Avenue Pierre, South Dakota 57501-2536 (605) 773-3361 doh.sd.gov

Your Choices

You have choices in the way that we use and share your information. For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please inform us.

- Collaborate and consult with other professionals on your behalf.
- Tell family and friends about your condition.

- Provide you with mental health care.
- Share information in disaster relief or emergency situations.

If you are unable to tell us your preference, for example, if you are unconscious, I may go ahead and share your information if I believe it is in your best interest.

In these cases, we never share your information unless you give us written permission:

- Requests from family, friends, or others
- Requests for copies of your records (unless accompanied by a subpoena)
- Most sharing of psychotherapy notes

Our Responsibilities

- 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 protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell me I can in writing. If you tell us so, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipea/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all the information I have about you. The new notices will be available upon request.

This notice was last updated on 10.24.2023

Acknowledgment of Receipt of Privacy Notice

By checking the box below, you are acknowledging that you have received a copy of This HIPAA Notice of Privacy Practices.

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