

Notice of Privacy Practices

Types of Records Retained:

Psychiatric Chart

- Patient information sheets filled out at the first visit, with addresses, phone numbers, emergency contact numbers and medical history.
- It may include insurance information if insurance will be used for payment.
- It includes a formal psychiatric evaluation, with diagnosis, and progress notes. Psychotherapy notes are very brief and nonspecific.
- Notes for medication management are more detailed, as is clinically necessary for making treatment decisions.
- Records of prescriptions, and lab results are kept here. These records are stored in a locked cabinet.

Psychotherapy or Psychoanalysis Process Notes

This is a separate detailed record of sessions to be used only for confidential consultation with other mental health professionals. These notes have no identifying information and are not part of the permanent record. These records will not be provided to any other source.

Scheduling Information

All client information is password protected.

Disclosure of Health Information:

Without Your Authorization

Only as required by law or as necessary to prevent an imminent threat to the safety of an individual. If my practice is reviewed by The Department of Health and Human Services to assess compliance with the privacy laws, I am required by law to provide them with records. To the degree it is possible, you will be notified prior to any disclosure. In order to provide you with the best treatment, I may consult with other specifically trained mental health providers regarding your care. Unless you have provided me a signed consent for release of information, I will take great care that you not be able to be identified in this situation.

MARY WYANT, M.D., P.A

With Written Authorization

The minimum amount of information necessary will be released to a HIPAA compliant third party for purposes of billing your insurance carrier. If you are not using insurance for payment no information will be released. Consultation with other health care professionals in a way that you could be identified, family members, and other third parties will only occur with your consent.

With Verbal Authorization

I am permitted by law to release healthcare information to family members who are directly involved in your healthcare.

Your Rights:

- You may inspect and copy your records. (You may be charged a small fee for copying)
- You may ask me to change anything that is inaccurate, but I am not required to change information I believe to be correct.
- You have the right to a list of all disclosures of your records in a 12 month period.
- You have the right to limit the use of your records for treatment, payment, and business operations. (Your insurance carrier may not pay for services without sufficient records.)
- You have the right to choose where and how I communicate with you. (Phone number or mail)
- You have a right to a copy of this policy form

Complaints:

If you believe your rights have been violated, you have a right to file a complaint with the Secretary of Health and Human Services at the following:

200 Independence Ave, S.W.
Washington, D.C. 20201
(202)-619-0257

(Signature)

(Date)