

Consulting Privacy Practices

January 1, 2017

Ryical Medical Consulting, LLC is not required by law to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it is not considered a “Covered Entity”, however, you should know that we hold a steadfast policy about client privacy. Information will only be shared upon client written request to a client-designated recipient or as stated and regulated by Local, State, and Federal law.

This Notice describes how information about you may be disclosed. The effective date of these practices is at the top of the first page.

Please review carefully.

Acknowledgement of Receipt of the Consulting Privacy Practices

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. If you decline to provide a signed acknowledgement, we will continue to provide consulting services.

How We May Use or Disclose Your Protected Health Information

Required Uses and Disclosures: We may disclose the summary of your health information to certain of your authorized representatives, specialists, pharmacists, etc., as specified by you or by law.

Public Health:

We may need to disclose your protected health information to a public health authority, who is permitted by law, to collect or receive the information. The disclosure may be necessary to prevent or control disease, injury or disability, or report reactions to medications, or problems with medical products. We may provide proof of immunization without authorization if required by state or law. We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be a risk of contracting or spreading the disease or condition.

Health Oversight:

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These agencies might include government agencies that oversee the healthcare system or other regulatory programs.

Legal Proceedings:

We may disclose protected health information during any judicial or administrative proceedings, in response to a court order if authorized and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement:

We may disclose protected health information for law enforcement purposes, including information request for identification and location and circumstances pertaining to victims of a crime.

Threat to Health or Safety:

Under applicable Federal and State laws, we may disclose your protected health information to law enforcement or another healthcare professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation:

We may disclose your protected health information to comply with workers compensation laws and similar government programs.

Inmates:

We may use or disclose your protected health information, under certain circumstances, if you are an inmate or of a correctional facility.

Parental Access:

State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this state and we'll make disclosures following such laws.

Individuals Involved in Your Healthcare:

Unless you object, we may disclose to a member of your family, a relative, close friend, or any other person you identified, your protected health information that directly relates to that person's involvement in your healthcare. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care, of your location, general condition, or death. If you should become deceased, we may disclose your protected health information to a family member or other individual who was previously involved in your care, or any payment for your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your prior expressed preference. Finally, we may use or disclose your protected health information into an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your healthcare.

Rights Regarding Your Health Information:

You may exercise the following rights by submitting a request in writing. Please be aware that we may deny your request, however, in most cases you may seek a review of the denial.

Right to Copy:

You may be charged a fee for a copy of a summary of your information and if you agree to receive the summary we will advise you of the fee at that time.

Right to Request Restrictions:

You may request that we not use or disclose any part of your protected health information. Requests must be provided in writing and you must tell us what information you want restricted, whether you want to restrict our use or disclosure or both, to whom you want the restriction to apply, and an expiration date. If we believe that the restriction is not in the best interest of either party, or we cannot reasonably accommodate the request we are not required to agree with your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction at any time in writing.

Right to Request Alternative Confidential Communications:

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests if possible.

Right to Request Amendments:

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information while we maintain this information. Although we will accept requests for amendments, we are not required to agree to the amendment.

Right to Obtain a Copy of the Consulting Privacy Practices:

You may obtain a paper copy of the Consulting Privacy Practices from us.

Complaints:

If you believe these privacy rights have been violated you may file a written complaint with the US Department of Health and Human Services Office for Civil Rights.

Acknowledgment of Receipt of Consulting Privacy Practices: I acknowledge that I was provided a copy of the Consulting Privacy Practices and that I have read or have had the opportunity to read them, if I chose to do so, and I understand the contents.

Client Name (please print):

Signature: _____ Date: _____

If the client is a minor, please complete the following:

Client's Name (please print):

Name of Parent/Legal Guardian: (please print):

Relationship to Client:

Signature: _____ Date: _____