

## **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices was published and effective on July 15, 2007. This notice was revised on October 16, 2016.

For further information, or if you have any questions concerning this Notice, contact the Mentis Neuro Health (Mentis) HIPAA Privacy Officer (who shall serve as both privacy official and contact person) for all Mentis Neuro Health facilities at the contact information given at the end of this Notice.

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes Mentis' practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- Any member of a volunteer group that Mentis allows to help you while you are receiving services from Mentis.
- All employees, staff and other personnel of Mentis.

All locations of Mentis follow the terms of this Notice. In addition, Mentis entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

Mentis understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Mentis. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Mentis.

This Notice describes the ways in which Mentis may use and disclose your protector health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We also describe your rights to access and control your PHI as well as certain obligations we have regarding the use and disclosure of PHI. PHI is information about you that: (i) may identify you; (ii) relates to your past, present or future physical or mental health or condition; (iii) relates to the provision of health care to you or the payment for the provision of health care to you; and (iv) is stored or maintained in any form or medium including electronic media, such as hard drives or computer disks.

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Mentis is required by law to:

- Maintain the privacy of your PHI;
- Provide you with notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of the privacy notice that is currently in effect;
- Inform you that we reserve the right to make changes to the terms of this privacy Notice that could effect how we maintain your PHI. Any new notice will apply to all PHI that we maintain at that time. Upon your request, we shall provide you with any revised Notice of Privacy Practices by your accessing our website at [www.mentisneuro.com](http://www.mentisneuro.com) or by your calling our office [telephone number (281) - 820-4211] and requesting a copy of the revised notice be sent to you in the mail, or by your asking for a copy of any revised notice at the time of your next appointment in our offices;
- Accommodate reasonable requests you have to communicate PHI by alternative means or at alternative locations; and
- Notify you, and the Department of Health & human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured PHI. We are required by law to notify affected individuals following a breach of unsecured PHI. Unsecured PHI means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

### **HOW WE MAY USE AND DISCLOSE PROTECTED MEDICAL INFORMATION**

The following categories describe different ways that Mentis will use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **Uses And Disclosures By Mentis Of Your PHI, For Which You Do Not Have An Opportunity To Agree Or Object:**

**For Treatment.** Mentis will use and disclose PHI about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a brain trauma injury may need to know if you have diabetes because diabetes may slow the healing process. Different departments of Mentis may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and care plans. We also may disclose medical information about you to people outside our facilities who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

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**For Payment.** Mentis may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** Mentis may use and disclose PHI about you for Mentis operations. These uses and disclosures are necessary to operate Mentis and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the PHI we have with medical information from other facilities, and health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders.** Mentis may use and disclose PHI to contact you as a reminder that you have an appointment for outpatient treatment or medical care. For example, we may telephone you the day before an appointment to verify that you will coming to our office.

**As Required By Law.** Mentis will disclose PHI about you as and when required to do so by federal, state or local law.

**Public Health Activities.** Mentis may disclose PHI about you to a public health authority legally authorized to receive or collect such information for public health activities and purposes. Public health activities and purposes include activities such as: preventing or controlling diseases and injuries; recording vital events like births and deaths; receiving reports of child abuse; ensuring the quality, safety or effectiveness of products regulated by the Food and Drug Administration; and advising persons about possible exposure to communicable diseases.

**Victims Of Abuse, Neglect Or Domestic Violence.** Mentis may disclose PHI about a person whom Mentis reasonably believes to be a victim of abuse, neglect or domestic violence to a governmental authority legally authorized to receive such information.

**Health Oversight Activities.** Mentis may disclose PHI 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 Privacy with civil rights laws.

**Judicial And Administrative Proceedings.** Mentis may disclose PHI in the course of any judicial or administrative proceeding in response to an order from a court or administrative tribunal. Mentis may also disclose PHI in response to a subpoena, discovery request, or other lawful process if the person making the request complies with certain requirements.

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**Law Enforcement.** Mentis may release PHI if asked to do so by a law enforcement official and if certain legal conditions are met.

**Electronic Disclosure.** We are required to provide you with notice that your PHI is subject to electronic disclosure. Please note that we may use and disclose your PHI electronically. For example, your medical information is and may be maintained on an electronic health record. If another provider providing you treatment requests a copy of your medical record, we may forward such record electronically.

**Coroners, Medical Examiners And Funeral Directors.** Mentis may release PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or determining cause of death. We may also release such information to funeral directors as necessary to carry out their duties with respect to the decedent.

**Organ, Eye And Tissue Donation.** Mentis may use or disclose PHI to organ procurement organizations or other entities engaged in organ, eye, or tissue donation and transplantation.

**Research.** Under certain circumstances, Mentis may use and disclose PHI about you to researchers if an institutional review board or a privacy board has approved an alteration to or a waiver of authorization and Mentis receives certain representations and assurances from the researchers and such boards.

**To Avert A Serious Threat To Health Or Safety.** Mentis may, so long as consistent with applicable law and ethical standards, use or disclose PHI about you, if Mentis believes in good faith that the use or disclosure is: (i) necessary to prevent or lessen a serious and imminent threat to the health or safety of the public or an individual and the use or disclosure is made to a person(s) reasonably able to prevent or lessen the threat; or (ii) is necessary for law enforcement authorities to apprehend or identify an individual who may have been involved in a violent crime or who escaped from lawful custody.

**Specialized Governmental Functions.** Mentis may or disclose PHI about you under certain circumstances such as: (i) information about members of the armed forces may be used or disclosed to assure the proper execution of the military mission; (ii) information may be disclosed to federal officials for the purposes of conducting lawful intelligence gathering or national security activities; (iii) information may be disclosed to federal officials for the provision of protective services to the President or other authorized persons; (iv) a person's information may be disclosed to a correctional institution or to a law enforcement official having lawful custody of the person; or (v) governmental programs which provide public benefits may disclose PHI to another governmental agency if necessary for the coordination of benefits or if otherwise authorized by law.

**Workers' Compensation.** Mentis may release PHI about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

**Other Uses And Disclosures Of Your PHI Which Will Only Be Made By Mentis With Your Written Authorization, Which May Be Revoked By You As Authorized By Law.**

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**Treatment Alternatives; Health-Related Benefits And Services.** Mentis may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may use your name and address to send you information about the services we provide. We may also send you information about products or services that we believe might be beneficial to you. If you do not wish to receive such information, you must notify the Facility Administrator in writing.

**Confidentiality of Psychotherapy Notes.** Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session – or during a group, joint, or family counseling session. If these notes are maintained separate from the rest of your medical records, they can only be used and disclosed as follows. In general, psychotherapy notes may not be used or disclosed without your written authorization, except in the following circumstances.

Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations:

- 1) The mental health professional who created the notes may use them to provide you with further treatment;
- 2) The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- 3) The mental health professional who created the notes may disclose them as necessary to defend himself or herself or Mentis in a legal proceeding initiated by you or your personal representative;
- 4) The mental health professional who created the notes may disclose them as required by law;
- 5) The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- 6) The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or with Federal privacy and confidentiality laws and regulations; and
- 7) The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death.

*However remember that life, disability and workers comp insurers are not covered by HIPAA and can demand that the patient execute an authorization to release your psychotherapy notes.*

### **Other Uses And Disclosures Of Your PHI Which Will Only Be Made By Mentis With Your Approval (Which May Be Oral), Or Regarding Which You Object (Which May Be Oral).**

**Patient Directory.** Mentis may include certain limited information about you while you are a patient. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious

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affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in Mentis facilities and generally know how you are doing.

**Individuals Involved In Your Care Or Payment For Your Care.** Mentis may release PHI about you to a family member, a close personal friend or any other person you have identified who is involved in your medical care or payment for such care. We may also tell your family or friends your condition and that you are being treated you are being treated at a given location. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding the PHI Mentis maintains about you:

**Right To Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Facility Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right To Receive Confidential Communications.** You have the right to request to receive confidential communications from us concerning PHI by alternative means or at alternative locations.

To request confidential communications, you must make your request in writing to the Facility Administrator. You need not provide us a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right To Inspect And Copy.** You have the right to inspect and copy PHI such as your medical and billing records. However you do not have the right to inspect and copy: (i) psychotherapy notes, if there should be any; (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (iii) information that is subject to a law that prohibits you from accessing the information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Facility Administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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We may deny your request to inspect and copy in certain very limited circumstances. You may have the right to our denial reviewed by a licensed health care professional chosen by us who did not participate in the decision to deny your request. We will comply with the outcome of the review.

**Right To Revoke an Authorization.** There are certain types of uses or disclosures that require your express authorization. For example, Mentis may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use of disclosure of PHI, you may revoke such authorization in writing by contacting the Facility Administrator. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.

**Right To Amend.** If you feel that PHI we have about you 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 Mentis.

A request to amend must be in writing, submitted to the Facility Administrator and must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Mentis;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right To An Accounting Of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI. This right does not, however, apply to all disclosures of your PHI, such as disclosures:

- Made for the purposes of carrying out treatment, payment and health care operations;
- Already made to you;
- Made pursuant to an Authorization obtained from you; or
- That occurred prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Facility Administrator. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically, if possible). The first list you request within a 12 month period will be free. For additional lists, we may

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charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**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.

You may obtain a copy of this Notice at our website, [www.mentisneuro.com](http://www.mentisneuro.com).

To obtain a paper copy of this Notice, contact the Facility Administrator.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Mentis' HIPAA Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

**You will not be penalized or retaliated against for filing a complaint.**

### **MENTIS HIPAA PRIVACY OFFICER**

To file a complaint or to request further information about the complaint process, or for any other purpose described in this Notice, you may contact Mentis' HIPAA Privacy Officer as follows:

HIPAA Privacy Officer  
ATTN: Mentis HIPAA Privacy Officer  
Mentis Neuro Health  
6565 West Loop South  
Suite 410  
Bellaire, Texas 77401  
713-820-4200  
[privacyofficer@mentisneuro.com](mailto:privacyofficer@mentisneuro.com)