

**CONTACT:**  
Dr. Alice Randolph, Security Officer  
205 SE Catawba Rd, Suite A,  
Port Clinton, OH 43452  
[alicerandolph@psychtransitions.com](mailto:alicerandolph@psychtransitions.com)  
419-734-3333



**Psychological Transitions, Inc.**  
**[www.psychtransitions.com](http://www.psychtransitions.com)**  
205 SE Catawba Rd. Suite A  
Port Clinton, OH 43452

## **Your Information**

## **Your Rights**

## **Our Responsibilities**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We never sell or market information. **Please review it carefully.**

### **You have the right to:**

#### **Get a copy of your paper or electronic medical record.**

#### **Correct your paper or electronic medical record.**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no”, but we’ll tell you why in writing within 60 days.

#### **Request confidential communication.**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

#### **Ask us to limit the information we share.**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared your information.**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you.**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you believe your privacy rights have been violated.**

You can complain if you feel we have violated your rights by contacting us using the information on page You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **You have some choices in the way we use and share information as we:**

**Tell family and friends about your condition**

**Provide disaster relief**

**Provide mental health care**

## **We typically use or share your health information to:**

### **Treat you**

We can use your health information and share it with other professionals who are treating you.

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

## **How else can we use or share your health information?**

*We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).*

### **Help with public health and safety issues**

#### **Comply with the law**

#### **Work with a medical examiner or funeral director**

#### **Address workers' compensation, law enforcement, and other government requests**

#### **Respond to lawsuits and legal actions**

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

Tell us what you want us to do, and we will follow your instructions.

### **Share information with your family, close friends, or others involved in your care**

### **Share information in a disaster relief situation**

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## **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 information.

We must follow the duties and privacy practices described in this notice and **give you a copy** of it if you request one.

We **will not share** or use your information other than as described here unless you tell us we can in writing. If you tell us we can, 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/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).