

Daniel Daylamani, M.D., PLLC

Notice of Privacy Practices

Effective Date: 02/22/23

This Notice of Privacy Practices (“Notice”) describes how medical, psychiatric and demographic information about you may be used and disclosed and how you may access this information. Please review this document carefully.

If you have any questions about this document, please contact Dr. Daylamani at (720) 292-7885 or by email at Contact@DanielDaylamaniMD.com.

Purpose of this Notice

We are required by law to protect certain aspects of your healthcare information known as Protected Health Information (“PHI”) and to provide you with this Notice of Privacy Practices. PHI as defined under HIPAA is your individually identifiable information relating to your past, present, or future health status and is limited to the information that we create, receive, maintain, or transmit on your behalf. PHI can include health information such as diagnoses, treatment, medical test results, prescription information, legal identification and demographic information such as birth dates, address, phone number, gender, ethnicity, and emergency contact information.

This Notice describes our privacy practices, your legal rights, and details the following:

- How we may use and disclose your PHI
- How you may access and copy your PHI
- How you may request amendment of your PHI
- How you may request restrictions on our use and disclosure of your PHI

How We May Use and Disclose your PHI

We may use your PHI without your written permission in the situations listed below. This is not an exhaustive list of all possible uses or disclosures of your PHI.

- **For Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services (prescriptions, labs, etc.). This includes coordinating care with other members of your healthcare team.
- **For Payment:** We may use and disclose your PHI to collect payment for treatment and services rendered. The main ways in which these disclosures may occur are:
 - Billing your credit/debit card for treatment/services rendered
 - Providing a “Superbill” containing your PHI for you to submit to your insurance provider for reimbursement
 - Submitting demographic PHI for collections purposes on unpaid balances

- **For Healthcare Operations:** We may use and disclose your PHI for general office operations such as scheduling, appointment reminders (via text, phone, email and patient portal), billing and documenting communications in your patient chart. These uses and disclosures are necessary to run Daniel Daylamani, M.D., PLLC in an efficient manner.
- **As Required by Law:** We may disclose your PHI when required to do so by federal or state laws or regulations. This may include, but is not limited to, disclosures of your PHI in response to a court order, administrative order or subpoena.
- **In Cases of Imminent Danger to Self or Others:** We may use or disclose your PHI to medical or law enforcement personnel in situations where there is imminent danger to yourself or others or severe decompensation to the point that you are unable to adequately care for yourself. This may include, but is not limited to, disclosure of your PHI to your family, emergency contact, law enforcement, emergency medical services (EMS), Emergency Department staff or hospital staff.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to the appropriate authorities in the case of abuse, neglect or domestic violence. This may include, but is not limited to, notifying agencies such as CPS (Child Protective Services), APS (Adult Protective Services) or Law Enforcement.
- **Sale of Practice:** We may use and disclose your PHI to another healthcare facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.
- **Inmates:** If you are an inmate at a correctional facility, we may release your PHI to the correctional facility for the purposes of medical or psychiatric treatment.
- **Public Health Risks:** We may disclose your PHI to the appropriate public health officials in the following scenarios:
 - To prevent or control disease, injury or disability
 - To report adverse reactions to medications or defective medical products
 - To notify persons about product recalls
 - To notify persons about potential exposures to communicable disease or those at risk for contracting or spreading a disease
 - To track products or conduct activities required by the FDA (Food & Drug Administration)
- **Healthcare Fraud and Abuse:** We may disclose your PHI in instances of healthcare fraud and abuse detection or for activities related to compliance with related laws.
- **Workers Compensation:** We may disclose your PHI to Workers Compensation if asked to do so.

Your Rights Regarding Your PHI (Protected Health Information)

Right to Access and Copy Your PHI:

You have the right to access and request copies of your PHI in a format of your choosing (email, fax, paper copy or upload to the patient portal). Most commonly, this means being able to review or receive copies of your office visit notes or billing receipts. Requests must be in writing either via the patient portal or emailing me at Contact@DanielDaylamaniMD.com.

Information *excluded* from your right to access or copy your PHI:

- Psychotherapy notes (personal notes of a mental health care provider documenting or analyzing the contents of a therapy session). These are maintained separate from the rest of the patient's medical record.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

Right to Amend Your PHI:

You have the right to request a change or amendment of your PHI maintained by Daniel Daylamani, M.D., PLLC if you feel that it is inaccurate or incomplete. Your request must be in writing and you must provide reasons that support your request. If your request is denied, you will be provided a written explanation for the denial. If denied, you have the right to respond with a Statement of Disagreement and this will be included in your medical file.

Requests for amendments may be denied if:

- The information was not created or stored by Daniel Daylamani, M.D., PLLC
- It is not part of the PHI that you have the right to access and copy (i.e., psychotherapy notes)
- The information is deemed to be accurate and complete

Right to an Accounting of Disclosures of Your PHI:

You have the right to request an "Accounting of Disclosures" list. This is a list of the disclosures made with your PHI for purposes other than treatment, payment or healthcare operations. Requests must:

- Be in writing (email or patient portal)
- Include a timeframe (not to exceed six years)
- Indicate your preferred format for receiving the information (email, fax, paper copy)

The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost 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 Request Restrictions on Your PHI:

You have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, such as a family member or friend. You must make your request in writing, and it must specifically include:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply

Daniel Daylamani, M.D., PLLC is not required to agree to these additional restrictions. If these restrictions are agreed upon, we will abide by our agreement (except in the case of an emergency and as designated by law).

Right to Request Confidential Communications on Your PHI:

You have the right to request that we communicate with you only by certain means (phone, text, email) or only at certain locations (home or work). Your request must be in writing. You do not have to state a reason for your request. We will accommodate all reasonable requests.

Right to Request the Notice of Privacy Practices:

You have the right to request this Notice of Privacy Practices (electronic or paper). The most up-to-date version of my Notice of Privacy Practices will be posted on my website.

Complaints:

If you believe that our office has violated your privacy rights, please contact us first so we may clarify or resolve the issue. You may also submit a written complaint to the U.S. Department of Health and Human Services if you feel that your privacy rights have been violated. You will not be penalized or retaliated against for filing a complaint.

Changes to this Notice of Privacy Practices:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to apply these changes to PHI already obtained, as well as any future PHI. We will post a copy of the most up-to-date Notice of Privacy Practices on our website. The notice will contain the effective date at the top of the first page.

Before your first appointment, you must sign an acknowledgment in the “Questionnaire” section of the patient portal stating that you’ve received, read, understand and agree to these policies.