

The Office of Isaac McPherson
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS TO HEALTH CARE INFORMATION, CONSULT AN ATTORNEY LICENSED TO PRACTICE IN YOUR STATE.

EFFECTIVE DATE

This notice is effective as of **01/01/2025**.

ACKNOWLEDGEMENT OF RECEIPT

Under HIPAA (the Health Insurance Portability and Accountability Act of 1996), you have certain rights regarding the use and disclosure of your Protected Health Information (“PHI”). This notice explains those rights and the privacy practices of **The Office of Isaac McPherson**.

I. My Pledge Regarding Health Information

I understand that health information about you and your care is personal, and I am committed to protecting it. I create records of the care and services you receive from me. I need these records to provide you quality care, to comply with laws, and to document treatment and billing. This notice applies to all records of your care created or maintained by The Office of Isaac McPherson.

I am required by law to:

- Keep your PHI that identifies you **private**.
- Provide you with this Notice of Privacy Practices, describing my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

I may change the terms of this Notice. Any changes will apply to PHI I already hold. When changes are made, the revised Notice will be posted in my office and on my website, and you may request a copy.

II. How I May Use and Disclose Health Information About You

Below are examples of how The Office of Isaac McPherson may use and disclose your PHI. Not every use or disclosure is listed, but all uses or disclosures will fall under one of these categories.

1. Treatment, Payment, and Health Care Operations

These are the main categories under which I use or disclose your PHI without needing your explicit authorization:

- **Treatment:** Using or disclosing PHI so I or another provider can deliver care. Example: consulting with another clinician about your treatment.
- **Payment:** Using or disclosing PHI to bill or collect payment for services provided (e.g., submitting claims to your insurer, sending you statements).
- **Health Care Operations:** Internal activities necessary to operate my practice, such as quality assurance, business planning, training staff, auditing.

For treatment purposes, the “minimum necessary” rule does **not** always apply, because providers may need full information to provide quality care.

2. Lawsuits, Disputes, and Legal Proceedings

If you are involved in a legal action (e.g., lawsuit or administrative hearing), I may disclose your PHI in response to a court order, subpoena, or other lawful process. Before disclosing, I will make efforts to notify you or secure a protective order, where possible.

III. Certain Uses and Disclosures Require Your Authorization

Certain uses or disclosures of PHI require your written authorization (often via a HIPAA Authorization form), including:

- **Psychotherapy Notes** (as defined under 45 CFR § 164.501)
 - Any use or disclosure of psychotherapy notes requires your authorization, with exceptions such as:
 - Use by me in treating you
 - Training or supervision of mental health practitioners
 - Defending myself in legal actions initiated by you

- Use by HHS to audit compliance, etc.
- Required by law or to avert serious harm
- **Marketing Purposes**
I will not use or disclose your PHI for marketing without your written consent. If I request to use your review or testimonial and it includes PHI, I will ask you to sign an authorization first. You may withdraw that consent in writing, and I will then remove your review from public postings (though I cannot guarantee third parties who have already copied it will remove it).
- **Sale of PHI**
I will not sell your PHI.

Other uses and disclosures not described in this Notice will be made only with your written authorization, which you may revoke at any time (except to the extent actions have been taken in reliance).

IV. Uses and Disclosures That Do Not Require Your Authorization

I may use or disclose PHI without your authorization under certain circumstances, subject to applicable law:

- Appointment reminders and treatment-related communications
 - Health-related benefits, services, or program information
 - Required by state or federal law
 - Public health activities (e.g., reporting disease, abuse, or threat to health/safety)
 - Health oversight activities (e.g., audits, investigations)
 - Judicial and administrative proceedings (e.g., responding to orders/subpoenas)
 - Law enforcement purposes
 - Coroners, medical examiners, or funeral directors
 - Research (if certain criteria are met)
 - Specialized government functions (e.g., military, national security)
 - Workers' compensation claims
 - Organ and tissue donation purposes
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V. Your Opportunity to Object to Disclosures

You may request that I not disclose your PHI to certain family members, friends, or other persons involved in your care or in payment for your health care. I will comply with your request if it is reasonable and does not interfere with your care or as required by law. In emergency situations, I may share information and obtain your agreement later, if possible.

VI. Your Rights Related to Your PHI

You have the following rights:

- **Request Restrictions:** Ask to limit how I use or disclose PHI for treatment, payment, or operations (I am not required to agree).
- **Request Restrictions (Out-of-Pocket):** If you pay out-of-pocket in full for a service, you may request I not disclose PHI related to that service to your health plan.
- **Confidential Communications:** Ask me to send PHI by alternate means or to an alternate address.
- **Inspect and Copy:** You may request a paper or electronic copy of PHI in my records within 30 days of your request (I may charge a reasonable fee).
- **Accounting of Disclosures:** You may request a list of disclosures I have made of your PHI (other than for treatment, payment, or operations) over the past six years.
- **Amend PHI:** Request correction or addition to your PHI if you believe it is incorrect or incomplete. I must respond within 60 days (or 90 days with notice).
- **Receive a Copy of This Notice:** You may request a paper copy at any time even if you have agreed to receive it electronically.
- **Appoint Someone to Act for You:** If you have a legal representative or guardian, that person may exercise your rights on your behalf.
- **Revoke Authorization:** You may revoke a prior authorization in writing, except to the extent I relied on it.
- **Opt out of Fundraising / Communications:** You may choose to decline certain communications about fundraising.
- **File a Complaint:** If you believe your privacy rights have been violated, you may:
 1. Contact me using the contact information above;
 2. Or file a complaint with the **Office for Civil Rights (OCR), U.S. Department of Health and Human Services**, at 200 Independence Avenue SW, Washington, D.C. 20201, or via their website, or by calling (877) 696-6775.

You will not be retaliated against for filing a complaint.

VII. Changes to This Notice

I reserve the right to change this Notice and make the revised Notice effective for all PHI I maintain, including PHI created or received before the change. If I make material changes, I will post the updated Notice in my office, on my website, and provide it upon request.

Acknowledgement

By engaging in treatment with The Office of Isaac McPherson, or at your request, you will receive a copy of this Notice. You may be asked to sign an acknowledgement of receipt, but your refusal to sign will not affect your access to care.