

Privacy Statement

By order of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* all insurers, providers and other “covered entities” are required by law to prominently post this NOTICE OF PRIVACY PRACTICES, with specific wording and language, both in the office and on covered entity websites. Copies of this notice are available from Dr. Turley by request at doctor@JeffTurley.com or at www.JeffTurley.com/privacy

Jeff Turley, M.D.
Child, Adolescent, and Adult Psychiatrist
P.O. Box 2328, Duxbury, MA 02331-2328
Phone (781) 934-9235 Fax (866) 540-1012
DOCTOR@JEFFTURLEY.COM
WWW.JEFFTURLEY.COM

Notice of Privacy Practices 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.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical (and mental health) conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical (and mental health) records to all health professionals who may provide treatment or who may be consulted by staff members. These health professionals may include educators, teachers, and authorized staff members of facilities to which Dr. Turley consults (Department of Youth Services, Department of Children and Families).

Payment: Dr. Turley does not bill health plans. Your care will be covered by direct cash payment or via contracted billing arrangements with agencies to which he consults.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. State law mandates Dr. Turley to report certain situations such as child abuse and neglect and situations where you or other persons are in imminent danger.

Public health reporting. Your health care information may be disclosed to public health agencies as required by law. For example, Dr. Turley is required to report certain communicable diseases to the state’s public health department.

Other uses and disclosures require your authorization. **Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.** If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified Dr. Turley of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment.
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- the right to inspect and copy your protected health information. [Note: there are exceptions to these rules in regards to mental health and psychotherapy notes. These notes will not be released to the patient or others if there is a concern that information contained within could be harmful to the patient and/or the safety of any other person(s).]
- the right to amend or submit corrections to your protected health information.
- the right to receive an accounting of how and to whom your protected health information has been disclosed.
- the right to receive a printed copy of this notice.

Dr. Turley's Duties

Dr. Turley is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. He is also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, Dr. Turley reserves the right to amend or modify his privacy policies and practices. These changes in his policies and practices may be required by changes in federal and state laws and regulations. Upon request, he will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information Dr. Turley maintains.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that Dr. Turley maintains. As permitted by federal regulation, he requires that requests to inspect or copy health information be submitted in writing. You may obtain a form to request access to your records by contacting Dr. Turley directly. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. [Again: Note that there are many exceptions to these general medical standards when applied to mental health records, psychological testing and psychotherapy notes.]

Complaints

If you would like to submit a comment or complaint about Dr. Turley's privacy practices, you can do so by sending a letter outlining your concerns to:

Jeff Turley, M.D. P.O. Box 2328, Duxbury, MA 02331-2328

If you believe that your privacy rights have been violated, you should call the matter to Dr. Turley's attention by sending a letter describing the cause of your concern to the same address.

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

Effective Date This notice is effective April 14, 2003.