Mimir Psychiatry LLC

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.

This Notice is given to you by Mimir Psychiatry to describe the ways in which we may use and disclose your medical information (called "protected health information" or "PHI") and to notify you of your rights with respect to PHI in the possession of the practice. Mimir Psychiatry protects the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by the practice or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Mimir Psychiatry may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

FOR TREATMENT: The practice may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities at another healthcare facility. These types of uses and disclosures may take place between physicians, nurses, technicians, and other health care professionals who provide your health care services or are otherwise involved in your care.

FOR PAYMENT: The practice may use and disclose PHI in order to collect payment for the health care services provided to you. For example, Mimir Psychiatry may need to give PHI to your health plan in order to be reimbursed for the services provided to you. The practice may also disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. The practice may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

FOR HEALTH CARE OPERATIONS: Mimir Psychiatry may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include provider training, underwriting activities, compliance and risk management

activities, planning and development, and management and administration. The practice may disclose PHI to doctors, nurses, technicians, attorneys, consultants, accountants, and others for review and learning purposes.

OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED: In addition to using or disclosing PHI for treatment, payment, and health care operations, Mimir Psychiatry may use and disclose PHI without your written authorization under the following circumstances:

AS REQUIRED BY LAW AND LAW ENFORCEMENT: Mimir Psychiatry may use or disclose PHI when required by law, the practice also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identify, description or location of a person who committed a crime, or for other law enforcement purposes.

FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS: Mimir Psychiatry may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

FOR HEALTH OVERSIGHT ACTIVITIES: Mimir Psychiatry may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: Mimir Psychiatry may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY: Mimir Psychiatry may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, the practice may disclose health information about you in response to a court or administrative order.

SPECIALIZED GOVERNMENT FUNCTIONS: Mimir Psychiatry may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security

activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS: Mimir Psychiatry may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. The practice must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Other Uses and Disclosures of PHI for Which Authorization Is Required:

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which you have the limited right to revoke in writing.

REGULATORY REQUIREMENTS: Mimir Psychiatry is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. The practice reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before the prcatice makes an important change to its privacy policies, they will promptly revise this Notice and post it on the website. You have the following rights regarding your PHI:

You may request the practice to restrict the use and disclosure of your PHI. Mimir Psychiatry is not required to agree to any restrictions you request, but if the entity does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from the practice be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be in writing and sent to the Privacy Officer. The practice will accommodate your reasonable requests without requiring you to provide a reason.

Generally, you have the right to inspect and copy your PHI in the possession of the prcatice if you make a request in writing. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), the practice will inform you of the extent to which your request has or has not been granted If Mimir Psychiatry denies access to your PHI, it will explain the basis for denial and your opportunity to have the denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a reviewing official.

If you believe that your PHI maintained by the practice contains an error or needs to be updated, you have the right to request that the entity correct or supplement your PHI. Your request must be made in writing and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request the practice will

inform you of the extent to which your request has or has not been granted. The practice generally can deny your request if your request relates to PHI: (i) not created by the practice; (ii) that is not subject to being inspected by you; or (iii) that is accurate and complete. If your request is denied, the practice will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Mimir Psychiatry's denial attached, if you do not file a statement of disagreement; and (iii) complain about the denial.

You generally have the right to request and receive a list of disclosures of your PHI the practice has made during the six (6) years prior to your request. The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) for national security or intelligence purposes; (v) to correctional institutions or law enforcement officials; or (vi) of a limited data set. You should submit any such request to the Privacy Officer, and within sixty (60) days of receiving your request the practice will respond to you regarding the status of your request.

You have the right to receive PHI in an electronic format.

You have the right to receive a paper copy of this notice upon request even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact the Privacy Officer (Contact information below).

You have the right to receive notice in the event of a breach of confidentiality.

You have the right to restrict disclosures of PHI to health plans if you have paid for services out of pocket in full.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of the new notice on our website. The notice will contain the effective date in the bottom right-hand corner.

You may complain to the practice if you believe your privacy rights with respect to your PHI have been violated by contacting Mimir Psychiatry's Privacy Officer and submitting a written complaint. To reach the practice for any reason associated with this Notice, please write or call:

Privacy Officer; Ryan Keenan, APRN
Mimir Psychiatry, LLC

The practice will not penalize you or retaliate against you for filing a complaint regarding their privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You may send the complaint in writing to: 200 Independence Avenue, S.W., Washington, DC 20201 or email your complaint to OCRComplaint@hhs.gov.