

OUR OBLIGATIONS:

Gatlin Psychiatric Services LLC is required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice detailing our legal duties and privacy practices concerning your health information
- Abide by the terms of the notice currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

Below are the ways we may use and disclose your health information ("Health Information"). Outside of these uses, we will only disclose Health Information with your written permission, which you may revoke at any time by contacting our practice administration.

- For Treatment: We may use and disclose Health Information for treatment purposes, sharing it with doctors, nurses, or others involved in your care.
- For Payment: We may use and disclose Health Information to bill and receive payment from you, insurance, or a third party.
- For Health Care Operations: We use your health information to monitor and improve our services and may share it with authorized oversight agencies.

Additional uses include:

- Appointment Reminders and Health-Related Benefits: We may contact you with appointment reminders or information about treatment options.
- Individuals Involved in Your Care: When appropriate, we may share information with family or friends involved in your care.

SPECIAL SITUATIONS:

We may disclose Health Information in other cases, such as:

- As Required by Law: For compliance with federal, state, and local laws.
- To Avert a Serious Threat: When necessary to prevent harm.
- Business Associates: With contracted associates who provide services on our behalf, each is bound to protect the privacy of your information.

Examples include disclosures related to organ donation, military and veterans' affairs, workers' compensation, public health risks, health oversight, data breach notifications, lawsuits, law enforcement, and more.

YOUR RIGHTS:

You have rights regarding your Health Information, including the right to:

- Inspect and Copy: View and copy your health and billing records.
- Request Amendments: Correct or complete your health records.
- Receive Notifications of Breaches: Be informed of unauthorized access to your Health Information.
- Request Restrictions: Limit our disclosure of Health Information, such as when you pay out-of-pocket.
- Confidential Communication: Request specific methods or locations for receiving communications.
- Request a Paper Copy: Receive a printed copy of this notice upon request.

CHANGES TO THIS NOTICE:

Gatlin Psychiatric Services reserves the right to amend this notice, which will apply to all Health Information we hold. A copy of the current notice will be available at our office.

COMPLAINTS:

If you feel your privacy rights have been violated, you may file a complaint with our office or the Department of Health and Human Services. To file with our office, please contact:

Gatlin Psychiatric Services LLC

1919 S 40th St Ste 111

Lincoln, NE 68506

Phone: 402-224-6884

For more information or to file a complaint directly with the DHHS:

HIPAA Privacy and Security Office, DHHS

301 Centennial Mall South, 3rd Floor

Lincoln, NE 68509-5026

Phone: 402-471-4068

Email: DHHS.HIPAAOffice@nebraska.gov

Your privacy and trust are important to us.