

# Notice of Privacy Practices for TALK, INC

## What is protected?

- \* Protected Health Information (PHI), which means any medical information with your name on it.

## Your Records:

- \* Are kept in a chart with your name on it.
- \* Can also be stored in a computer.
- \* Tell what treatment and tests you have had and what health care choices have been made.

## Protecting your privacy:

- \* By law, we must keep your medical information private except in some situations.
  - \* We must give you a copy of these rules.
  - \* All TALK, INC employees must follow these rules.
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## When we need your written permission:

To share some information such as:

- \* Mental health
- \* Alcohol and drug abuse treatment
- \* Genetic testing information

## How we may share your PHI

Medical Treatment:

- \* Information for payment
- \* Your medical care
- \* Appointment reminders
- \* To tell you about services or treatment
- \* TALK, INC Business Associates, Labs, Pharmacies and Interpreters.

Special Situations:

- \* To talk to people who help pay for your care
- \* Worker's compensation
- \* To schedule an interpreter for you
- \* In the event of a disaster
- \* To report births or deaths
- \* Healthcare emergency
- \* Eminent threat to self or others

Legal Purposes:

- \* For specific court requests such as subpoenas.
- \* To report suspected abuse, neglect or domestic violence
- \* For investigations or audits
- \* To jails or prisons
- \* For national security or to protect the President

## What are your privacy rights?

- \* You can ask us to limit how we use or share your information. You must ask in writing. We can agree if law allows.
- \* You can ask us to contact you in a certain way or in a certain place. We will follow any realistic request.
- \* In most cases, you can look at or get copies of your records. You must ask in writing. You may have to pay for the copies. Please contact us for the form.
- \* You can ask to amend health information in your medical or billing records. This must be in writing. We may not agree to these changes in certain situations.
- \* You can ask us what health information we shared about you after April 14, 2003. You must ask in writing. This list will not have information we shared for treatment, payment, or health care operations that you gave permission to share.
- \* You can usually take back your written permission if you ask us in writing. We can't take back any information we have already given.
- \* You can ask for a paper copy of this notice at any time

## Privacy Complaints

We care about your concerns! If you do not agree with how we used or disclosed information about you, you may file a complaint. You will not be punished and your care will not be affected if you file a complaint.

### **To file a privacy complaint, please contact:**

Secretary of the Department of Health and Human Services

Office for Civil Rights

U.S. Department of Health and Human Services  
Region 10 HHS

2201 6th Avenue, Seattle, WA 98121-1831

Voice Phone (206) 615-2290

FAX (206) 615-2297

TDD (206) 615-2296