

HIPAA Privacy Policy

Introduction

SG Integrative Psychiatry and Wellness is committed to protecting the privacy and security of our patients' health information. This HIPAA Privacy Policy outlines how we handle protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations.

Definitions

- **Protected Health Information (PHI):** Any information about health status, provision of health care, or payment for health care that can be linked to an individual.
- **Covered Entity:** A health plan, health care clearinghouse, or health care provider who transmits health information in electronic form.
- **Business Associate:** A person or entity that performs certain functions or activities on behalf of, or provides certain services to, a Covered Entity that involve the use or disclosure of PHI.

Use and Disclosure of PHI: Permitted Uses and Disclosures

- **Treatment:** We may use and disclose PHI to provide, coordinate, or manage your health care and related services.
- **Payment:** We may use and disclose PHI to obtain payment for the health care services we provide to you.
- **Health Care Operations:** We may use and disclose PHI for our health care operations, such as quality assessment, employee review, training, and other activities necessary to run the practice and ensure quality care.

Other Uses and Disclosures

- **With Your Authorization:** We will not use or disclose your PHI for any purpose not listed above without your explicit written authorization. You may revoke this authorization at any time.
- **Required by Law:** We may use or disclose your PHI when required to do so by federal, state, or local law.



- **Public Health Activities:** We may disclose PHI for public health activities, such as reporting diseases, injuries, and vital events like births or deaths.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Judicial and Administrative Proceedings:** Disclosures may be made as required by law, such as reporting abuse or responding to legal proceedings. We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement Purposes:** We may disclose PHI to law enforcement officials for law enforcement purposes as required by law or in response to a valid subpoena.
- **Research:** We may disclose PHI for research purposes under certain conditions, primarily when an institutional review board has approved the research and measures are in place to ensure the privacy of your health information.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** We may disclose PHI for military and veterans activities, national security and intelligence activities, and correctional institutions.

Your Rights

You have the following rights regarding your PHI:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI.
- **Right to Amend:** Patients can request corrections to their health records. If you believe the information we have about you is incorrect or incomplete, you have the right to request an amendment.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your PHI made by us.
- **Right to Request Restrictions:** You have the right to request a restriction on the uses and disclosures of your PHI. We are not required to agree to your request but will comply if we do.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. Patients can request that communication about their health information be made through specific channels (e.g., to a different address or via a specific phone number).
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice, even if you have agreed to receive it electronically.



Our Responsibilities

- **Privacy Practices:** The healthcare provider is required to maintain the privacy of PHI and provide a privacy notice.
- **Compliance with the Notice:** The provider must follow the terms of the current privacy notice.
- **Changes to the Notice:** We reserve the right to change this notice and make the new notice effective for all PHI we maintain. A copy of the current notice will be posted in our office and on our website. The notice will contain the effective date on the first page.
- **Breach Notification:** Patients will be notified in case of a breach of their unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact:

Nkem Nkwonta, MBBS, MS, MSN, PMHNP-BC
SG Integrative Psychiatry and Wellness PLLC
3511 Shannon Road, #341,
Durham, NC 27707

Phone Number: 844-744-7944

You will not be retaliated against for filing a complaint.

Contact Information

For questions or further information regarding this notice, please contact:

Nkem Nkwonta, MBBS, MS, MSN, PMHNP-BC
SG Integrative Psychiatry and Wellness PLLC
3511 Shannon Road, #341,
Durham, NC 27707

Phone Number: 844-744-7944



This HIPAA Privacy Policy is designed to ensure that SG Integrative Psychiatry and Wellness complies with all applicable laws and regulations regarding the privacy and security of patient information. Your trust is important to us, and we are committed to protecting your health information.

Effective Date: 8/11/2024

