

**PETERSON MEDICAL CLINICS, LLC dba RURAL PSYCHIATRY ASSOCIATES  
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:** Protected Health Information (PHI) is any information that identifies you, whether oral or recorded in any other form, that is created or received by Peterson Medical Clinics dba Rural Psychiatry Associates (RPA) that relates to your past, present, or future physical or mental health condition, the provision of health care, or payment for the provision of health care. RPA may use and disclose your PHI for treatment, payment, and health care operations purposes. For example, your PHI may be released to health care professionals within RPA for the purpose of providing quality treatment, your PHI may be released to your insurance provider for the purpose of RPA receiving payment for providing you with necessary services, and your PHI may be used for conducting quality assessment and improvement activities within RPA. Continuity of care is part of treatment and your health information may be shared with other health care providers to whom you are referred. Information may be shared verbally, in writing, by paper or electronic mail, and fax. We may contact you to remind you of any appointments, treatment options, or other services that may be of interest to you.

We may use or disclose your health information without your authorization for several reasons. Subject to certain requirements, we may release your health information for public health purposes, auditing purposes, research studies, and in emergencies. We may provide information when required by law, such as for law enforcement in specific circumstances, including but not limited to, when an individual is a danger to self and/or others, child abuse and neglect cases, court-ordered information, or abuse or neglect of vulnerable adults. In any other situation, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to release information, you can later revoke that authorization to stop any future disclosures.

**Individual Rights:** You have the right to restrict the use of your PHI for treatment, payment, or health care operations; however, we may choose to refuse your restriction if it is in conflict of providing you with quality care or in the event of an emergency situation. You have the right to receive confidential communications about your health status by alternative means or at alternative locations. You have the right to look at or request a copy of your PHI; however, we have the authority to withhold the information in certain circumstances in which we feel it would not be in your best interest to have access to it. If copies are allowed, you will be charged reasonable photocopying fees. If you believe that information in your record is incorrect or if important information is missing, you have the right to request changes to the information. You have the right to request a list of instances in which we have released your PHI for reasons other than treatment, payment, or health care operations. Your requests should be made in writing. You have the right to obtain a copy of this notice upon request in paper or electronic form.

**Our Legal Duties:** RPA is required by law to protect the privacy of your health information, provide this notice about our information practices, and follow the practices described in the notice. RPA reserves the right to make changes to the notice and the latest notice will be posted in the lobby/waiting areas for your review. For more information about our privacy practices, contact the person listed below.

**Complaints:** If you feel that your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, you may contact the person listed below. You may also send a written complaint to the Secretary of the Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. All complaints will be investigated. No personal issue will be raised for filing a complaint.

**Contact:** If you have questions or a complaint, please contact:

Amanda A., Director of Operations  
4700 South Washington Street, Ste G  
Grand Forks, ND 58201  
(701) 205-3000

**Effective Date of Notice:** September 23, 2013

**Peterson Medical Clinics dba Rural Psychiatry Associates  
Notice of Privacy Practices Acknowledgment**

I have received and read the Notice of Privacy Practices and understand my rights contained in the notice.

By way of my signature, I provide Peterson Medical Clinics dba Rural Psychiatry Associates with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment and health care operations as described in the privacy notice.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient/Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient if Not Signed by Patient

\*By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature.