

**Your Information.  
Your Rights.  
Our Responsibilities.**

This is a summary of our Notice of Privacy Practices that immediately follows this summary.

**Your  
Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Your  
Choices**

**You have some choices in the way that we use and share information when we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

**Our  
Uses and  
Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, other government requests
- Respond to lawsuits and legal actions

**NOTICE OF PRIVACY PRACTICES**  
**Mila Velinova PsyD, PLLC (the "Practice")**

***Effective Date: August 2017***

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*This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. **Please read it carefully.** Terms used, but not defined, in this notice have the meanings set forth in the Health Insurance Portability and Accountability Act ("HIPAA").*

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**OUR PRIVACY OBLIGATIONS REGARDING MEDICAL INFORMATION**

The Practice understands that medical information about you and your health is personal, and the Practice is committed to protecting your privacy. This notice applies to all of the protected health information ("PHI") the Practice creates or receives, whether made by the Practice staff or received from another health care provider. PHI includes information that is held or transmitted by the Practice that can be used to identify you and that relates to your past, present, or future health or condition (including mental health), the provision of healthcare to you, or the payment for the health care. PHI is sometimes referred to in this notice, generally, as "**medical information.**"

The Practice is required by law to:

- Make sure that information that identifies you is kept private (with certain limited exceptions under the law) and secure;
- Follow the duties and privacy practices described in this notice and provide you with a copy of the notice if requested; and
- To notify you if your PHI is used or disclosed in violation of HIPAA (*i.e.*, a "**Breach of Unsecured PHI**" under HIPAA), and also notify you pursuant to any applicable State law.

**HOW WE MAY USE AND SHARE YOUR MEDICAL INFORMATION**

*The following categories describe different ways that we are permitted to use and disclose your medical information, and some examples are provided. However, not every specific use or disclosure in a category will be listed in the examples provided.*

**HIGHLY SENSITIVE INFORMATION (SPECIAL AUTHORIZATION MAY BE REQUIRED)**

Our records may contain information regarding your mental health, substance abuse, pregnancy, sexually transmitted diseases, psychotherapy, HIV/AIDS/ARC or other types of highly sensitive information. Records of these types may be protected by additional restrictions under state and federal law, which we will comply with. Sharing these types of information may require authorization/consent from you. Please note, however, that psychotherapy notes are narrowly defined under HIPAA and do not include all mental health care records.

Government health benefit programs, such as state Medicaid programs, may also limit the sharing of beneficiary information for purposes unrelated to the program.

### **DISCLOSURES THAT REQUIRE HIPAA AUTHORIZATION (PSYCHOTHERAPY NOTES, MARKETING, AND SALE)**

Under HIPAA, there are some circumstances where we can only use and share medical information if you have signed a HIPAA authorization. Your authorization is required for most uses and disclosures of your medical information involving psychotherapy notes.

Your authorization is also required for most uses and sharing of your medical information for “marketing” purposes, including subsidized treatment communications, or for disclosures that constitute the “sale” of medical information. Please be aware that HIPAA’s definitions of “marketing” and “sales”, and the restrictions related thereto, are technical, include exceptions, and do not apply to all situations that you may personally consider to be marketing or sales. We are permitted to use and/or share medical information for marketing or sales purposes in accordance with HIPAA and applicable state law (examples include, but are not limited to, face-to-face communications to you about a product, refill reminders, research purposes, and the sale, transfer, merger or consolidation of all or part of the Practice), which in some, but not all, situations requires your authorization or consent to do so.

### **SHARING AT YOUR REQUEST**

We may disclose/share information when requested by you. Such a disclosure at your request may require a written authorization by you. Any authorizations that you give can be revoked at any time, in writing.

### **FOR TREATMENT**

We may use and share medical information about you to provide you with medical treatment, healthcare, or other related services (including for care coordination purposes). The Practice may share medical information about you to doctors, nurses, assistants, technicians, health care students, or other personnel who are involved in taking care of you. The Practice also may share medical information about you with people outside of the Practice who may be involved in your medical care after you leave the Practice, such as family members, skilled nursing facilities, home health agencies, and physicians or other practitioners.

Additionally, we may share your medical information with physicians and other health care providers as a member of an Accountable Care Organization (“**ACO**”), Regional Health Information Organization (“**RHIO**”) or other Health Information Exchange (“**HIE**”). In some (but not all) cases, there may be an “opt out” right or other rights particular to an ACO, RHIO or HIE.

### **FOR PAYMENT**

We may use and share medical information about you so that the treatment and services you receive at or from the Practice may be billed to and payment may be collected from you, an insurance company, or a third party. The Practice may also share your medical information with another health care provider or payor of health care for the payment activities of that entity. For example, we may need to provide your health plan with information about a test you received from us so your health plan will pay us or reimburse you for the test. The Practice may also need to use and share your medical information in various appeals processes to defend the necessity of services offered in the past, and to pursue collections actions for services which we have rendered to you.

***If you do not want us to share medical information about you to your health plan, you have the right to pay for all services and care out of pocket in full, and to inform us that you wish to***

***restrict the information shared to your health plan. For more information, see your rights listed below.***

#### **FOR HEALTH CARE OPERATIONS**

The Practice may use and share your medical information for health care operations. These uses and disclosures are necessary to run the Practice and make sure that all of our patients receive competent, quality health care, and to maintain and improve the quality of health care that the Practice provides. The Practice also may provide your medical information to various governmental or accreditation entities to maintain any license(s) and/or accreditations. For example, the Practice may use medical information to review our treatment and services and to evaluate the performance of our staff.

#### **INCIDENTAL USES AND DISCLOSURES**

We may occasionally inadvertently use or share your medical information incident to another use or disclosure that is permitted or required by law. Please be assured that, as much as practically possible, we have appropriate safeguards in place to avoid such situations.

#### **LIMITED DATA SETS**

We are permitted to use or share certain parts of your medical information, called a “limited data set,” for purposes of research, public health or for our health care operations.

#### **DE-IDENTIFIED INFORMATION**

The Practice may use or share your medical information to create information that does not identify you in accordance with HIPAA.

#### **CERTAIN DISCLOSURES BY MEMBERS OF WORKFORCE**

In certain circumstances, members of the Practice’s workforce are permitted to share your medical information to a health oversight agency, public health authority, law enforcement official, or health care accreditation organization or attorney hired by the workforce member.

#### **SHARING WITHIN AN ORGANIZED HEALTH CARE ARRANGEMENT**

We may share medical information with covered entities participating in any organized health care arrangement in which we participate, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

#### **HEALTH-RELATED PRODUCTS AND SERVICES**

So long as it complies with the marketing/sale rules under HIPAA, we may use and share medical information to tell you about our health-related products or services that may be of interest to you. To opt out, you must notify us in writing and state that you wish to be excluded from this activity.

#### **FUNDRAISING ACTIVITIES**

We are permitted to use medical information about you, or share such information to a foundation related to the Practice or a fundraising-related service provider, to contact you for fundraising efforts, but you can tell us not to contact you again.

#### **TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE (AND YOUR OPPORTUNITY TO OBJECT)**

***Mila Velinova PsyD, PLLC***  
***Notice of Privacy Practices***

We may release medical information about you to a friend or family member who is involved in your medical care, unless you object in whole or in part. We may also give information to someone who helps pay for your care.

In addition, to the extent applicable, the Practice may share certain medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at our facilities either unconscious or otherwise unable to communicate, we may share your information if we believe it is in your best interests.

**FOR RESEARCH**

We are permitted to use and share medical information about you for limited research purposes.

**TO COMPLY WITH THE LAW**

We will share medical information about you when required to do so by federal, state or local law, including to the Department of Health and Human Services during an audit.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

In certain circumstances, we may, if allowed by State law, use and share medical information about you when necessary to prevent a serious threat to your or others' health and safety.

**THIRD PARTIES/BUSINESS ASSOCIATES**

We may share your information with third parties with whom we have a contract to perform services, and we will have a written agreement with them to safeguard your information.

**ORGAN AND TISSUE DONATION**

We can share medical information to organizations that handle organ procurement, transplantations, or organ donation banks.

**WORKERS' COMPENSATION; LAW ENFORCEMENT; OTHER GOVERNMENT REQUESTS**

We may use or share medical information about you in certain circumstances for: (i) workers' compensation or similar programs; (ii) law enforcement purposes; and (iii) special government functions such as military, national security, intelligence and presidential protective services.

**PUBLIC HEALTH AND SAFETY ISSUES**

We may share medical information about you for certain public health and safety purposes, including, without limitation, the following: (i) preventing/controlling disease, injury or disability; (ii) reporting births and deaths; (iii) to report regarding the abuse or neglect of children, elders, and dependent adults; (iv) to report reactions to medications or problems with products; (v) to notify you regarding product recalls; (vi) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (vii) to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; and (viii) to notify emergency response personnel regarding possible exposure to HIV/AIDS, to the extent necessary to comply with applicable laws.

**HEALTH OVERSIGHT ACTIVITIES**

We may share medical information to a health oversight agency for activities authorized by law.

### **LAWSUITS AND ADMINISTRATIVE PROCEEDINGS**

In certain circumstances, we may share medical information about you during judicial or administrative proceedings in response to a court order, a subpoena, discovery request, etc.

### **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

We may release medical information to a coroner, medical examiner, or funeral director when an individual dies.

### **INMATES**

In certain circumstances, we may share medical information about inmates and those in the custody of a law enforcement official to the correctional institution or law enforcement official.

### **MULTIDISCIPLINARY PERSONNEL TEAMS**

The Practice may share health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION**

*In addition to any rights that you may have under State law, you have the following rights under HIPAA regarding PHI that the Practice maintains about you.*

### **GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD**

You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information, you must submit your request in writing to our Privacy Officer.

If the Practice uses or maintains your medical information in an electronic health record (or to the extent that we maintain the information in an electronic form), you have the right to obtain an electronic copy of such information. When information is not readily producible in the electronic form and format you have requested, we will provide you the information in an alternative readable electronic format as we may mutually agree upon. Furthermore, you have the right to direct the Practice to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, the Practice may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Practice will follow state law with regard to approved copying and other costs.

The Practice may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

We are advising you in this notice that, if you request that information available in an electronic format be provided via email, that email is an unsecure medium for transmitting information and that there is some risk if medical information is emailed and you are accepting these risks.

## **AMEND YOUR MEDICAL INFORMATION**

If you feel that your medical information is incorrect or incomplete, you have the right to request an amendment of the information for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. We may deny your request for an amendment for a number of legally permissible reasons, but we will provide a written explanation within 60 days, and also give you the right to submit a written statement of disagreement with our decision. If you clearly indicate in writing that you want the statement of disagreement to be made part of your medical record, the Practice will attach it to your records and include it whenever the Practice makes a disclosure of the item or statement you believe to be incomplete or incorrect.

## **RECEIVE AN ACCOUNTING OF DISCLOSURES**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures the Practice made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) the Practice, and certain other disclosures.

## **REQUEST RESTRICTIONS ON WHAT WE USE OR SHARE**

You have the right to request a restriction or limitation on the use and/or disclosure of your medical information in connection with treatment, payment or health care operations. You also have the right to request a limit on the medical information the Practice shares about you to someone who is involved in your care or the payment for your care, like a family member or friend.

*However, the Practice is generally NOT required to agree to your restriction request.*

***In one narrow instance, however, we are required to agree to the request, if all of the following apply:*** (i) you have requested that we restrict disclosure for payment or healthcare operations purposes; (ii) the disclosure would be made to a health plan/insurer (e.g., we are not precluded from making other allowable disclosures, only disclosures to the health plan/insurer); (iii) the disclosure is not otherwise required by law; and (iv) the medical information restricted pertains solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full (excluding payments made by the health plan on your behalf) (e.g., you may not restrict the entirety of your medical record from being shared to a health plan/insurer – you may only restrict the portions of your record for those items or services which have been paid in full). You are hereby advised that, even if you utilize this required restriction request and meet the criteria set forth above, the required restriction is ***narrow***. In particular, even if you have requested and received a required restriction, we may still share your information to others for other allowable purposes, such as sending information to a pharmacy to have a prescription filled. ***In the event that we make such allowable disclosures, the party to which we have permissibly shared the information with is not bound by the required restriction request that you made to us, and we are not obligated to relay your request to such party. The only way for you to guarantee that such third parties do not share the information with your insurer/health plan is for you to make a required restriction request with the third party that meets all of the elements set forth above. We hereby advise you to do so if you desire. Note that to the extent you seek follow-up or other treatment from us, and it is necessary for us to include previously restricted PHI when billing your insurer/ health plan for the follow-up treatment (e.g., you have not fully paid out-of-pocket for the service and requested a required restriction), we may share such previously restricted information, but only to the extent that including such PHI is required***

**to support the medical necessity of the follow-up care and you do not request a new required restriction/pay out-of-pocket in full for the follow-up care.**

### **REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that the Practice communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Practice only contact you at work or by mail. The Practice will not ask you the reason for your request. We will comply with all reasonable requests. To request confidential communications, you must make your request in writing to our Privacy Officer.

### **PAPER COPY OF THIS NOTICE**

You have the right to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. You may also obtain a copy of this notice at our website:

<https://www.drnilatherapist.com/>

### **BE NOTIFIED IN THE EVENT OF A “BREACH OF UNSECURED PHI”**

If PHI is used or disclosed in violation of HIPAA, we are required to notify you if the use/disclosure is a “Breach of Unsecured Protected Health Information.”

### **FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the U.S. Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer in writing, and ***you will not be penalized or retaliated against.***

### **CHANGES TO THE TERMS OF THIS NOTICE**

*The Practice reserves the right to change this notice and our privacy or security policies at any time, and the changes will apply to all information we already have about you. the Practice will post a copy of the current/changed notice in the Practice’s facilities and on our website.*

### **OTHER USES OF MEDICAL INFORMATION/PERMISSIONS/AUTHORIZATIONS**

*Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Practice will be made only with your written authorization. If you provide us with such authorizations to use or share medical information about you, then you may revoke that permission, in writing, at any time. You understand that the Practice is unable to take back any disclosures the Practice has already made with your permission, and that the Practice is required to retain the Practice’s records of the care that the Practice provided to you.*



**WHO WILL FOLLOW THIS NOTICE**

- Any health care professional authorized to enter information into your Practice chart.
- Any subsidiaries/affiliates/entities under common ownership/control of the Practice.
- Any member of a volunteer group we allow to help you while you are at the Practice.
- All employees, staff and other the Practice personnel.

**PRIVACY OFFICER CONTACT INFORMATION**

*If you have any questions about this notice, please contact our Privacy Officer utilizing the contact information set forth below. Certain provisions of this notice and our related policies and procedures require that notice or other requests be in writing. Please follow our instructions for any such issue.*

**PRIVACY OFFICER:**

*Mila Velinova, Psy D.*  
*43157 Schoenherr, Sterling Heights, MI 48313*  
*Phone: 248-505-4412*  
*Fax: 586-997-9635*  
*Email: [mvelinova@drmilatherapist.com](mailto:mvelinova@drmilatherapist.com)*

***By signing below, I acknowledge that I received the Notice of Privacy Practices and have read and understand its contents.***

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian's name (if applicable):** \_\_\_\_\_

**Parent/Guardian's DOB (if applicable):** \_\_\_\_\_

**Signature of Client/Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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