

# PRIVACY STATEMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED OR DISCLOSED, AND HOW YOU CAN ACCESS YOUR MEDICAL INFORMATION

## Patient Rights, uses and Disclosure of Health Information:

During the course of your care with Mill Street Psychiatric we may use or disclose personal or health-care related information.

Examples:

- Personal Health information and clinical records may be disclosed to another health care provider or hospital.
- Health care and billing records may be disclosed to another party, such as an insurance carrier, or your employer, if they are responsible for payment of services you receive.
- Name, address, phone number, and health care records may be used to contact you regarding appointment reminders, or your care (If you are not at home to receive an appointment reminder, we may leave a message. You have the right to refuse authorization to contact you. If you do not provide us with this authorization it will not affect the health care we provide to you or the reimbursement avenues associated with your care.).

Under federal law we may also disclose your health information without consent under these circumstances:

- In providing health care services based on the orders of another health care provider.
- In an emergency.
- If we are required by law to provide care, and are unable to obtain your consent.
- If there are barriers to communicating with you, but in our professional judgement we believe you intend for us to provide care.
- If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information other than as outlined above will occur only with your written authorization. You have the right to inspect and/or copy your health information. You have the right to request a correction or amendment to your health information. Requests to inspect, copy or amend your health related information should be provided in writing.

## PHYSICIAN LEGAL DUTIES:

We are required by state and federal law to maintain the privacy of your patient file and protected health information. We are also required to provide you with this notice of our privacy practices. We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible.

**COMPLAINTS AND QUESTIONS:**

If you have a question or complaint regarding our privacy notice, please contact us at 541-492-1340. This notice and any alterations or amendments will expire seven years after the date when this notice is signed. My signature acknowledges that I have received a copy of this notice.

---

Patient Name (Please print)

---

Signature

---

Date

If patient is a minor, or if patient is being represented by another party, your representative signs below:

---

Personal Representative (Please Print)

---

Personal Representative Signature

---

Date

**Mill Street Psychiatric**  
Jan Maybee FNP, PMHNP  
1404 SE Mill Street  
Roseburg, OR 97470  
(Phone) 541-492-1340 (FAX) 541-492-1339