MASSACHUSETTS
PSYCHIATRIC SERVICES
128 MAIN STREET, #3
STURBRIDGE, MA 01566
TELEPHONE: (508) 418-6886

NOTICE OF PRIVACY PRACTICES

This notice describes the privacy policies of our practice.

Our Obligations: Our office considers your privacy a priority. We follow strict federal and state guidelines to maintain the confidentiality of your protected health information. (PHI).

Protected Health Information: Protected Health Information (PHI) is any information about your past, present or future healthcare or payment for that care that could be used to identify you. Members of our workforce and our business associates may only access the minimum amount of protected health information they need to complete their assigned tasks. We may use your PHI in order to treat you, obtains payment for services provided to you and conduct our normal business known as Health Care Operations. Examples of how we use and disclose information include:

Treatment – We document each visit. This includes test results, diagnosis, medications, and therapies. This allows our staff to provide the best care to meet your needs.

Payment – We use PHI to obtain payment for services we provide for you. We may tell your health plan about upcoming treatment or services that require prior approval.

Health Care Operations – We may use PHI in our internal operations in order to improve the quality or care and customer service we deliver to you.

Disclosure to Family, Friends and Caregivers – We may disclose PHI to a person identified by you, with your verbal or written consent. If you are incapacitated or in an emergency situation, we may exercise our professional judgment to determine whether disclosure is in your best interest.

Public Health Activities – We may disclose PHI for the following reasons: for public health, such as disease tracking; to report abuse or neglect; for coroners or medical examiners; for workmen's compensation; for correctional institutions; for national security; for organ donation; to avoid serious public health or safety threat.

Highly Confidential Information – the law requires special protections for the following information: HIV/AIDS status; genetic testing; psychiatric information; substance abuse/controlled substance use; venereal disease; abortion; A separate, specific authorization is required to release this information.

You may revoke your authorization at any time.

Our Responsibilities -We are required by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and to make new practices effective for all information we maintain. New policies will be posted in our office and available from our staff.

Your Rights- You have the right to request a restriction on the use of your PHI, however we are not required to abide by the request. You may request that we communicate with you at a specific phone number or address. You may inspect or copy your information; however, this request must be made in writing and a reasonable fee may be charged for copying; you may request that your record be amended, however you must have a reason for the amendment; you have a right to an accounting of the disclosures. This does not apply to disclosures prior to November 30, 2004; you have the right to a paper copy of this notice.
If you have any questions about this notice, please contact Meenakshi Vemuri, MD or Maryann Mathieu, Office Manager
If you would like to exercise your rights or feel your rights have been violated, contact Meenakshi Vemuri, MD or Maryann Mathieu, Office Manager
All complaints will be investigated, and you will not suffer retaliation for filing a complaint.
Dr. Vemuri or the office manager can be reached at:
128 Main Street Suit #3
Sturbridge, MA 01550
(508) 418-6888 Phone

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Signature:

I had read the Notice of Privacy and I am aware that I may receive a copy of this Notice of Privacy Practices for Massachusetts Psychiatric Services at my request.

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Name of Patient (Print or Type)

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Signature of Patient

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Date

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Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

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Relationship of Patient Representative to Patient