

**BanCAPs****Dr. Bansal's Child &  
Adolescent Psychiatry  
Services****WWW.BANCAPS.COM****Phone: 618-310-0085****Fax: 618-744-0677****Email: [contact@bancaps.com](mailto:contact@bancaps.com)****24B Professional Park Drive,  
Maryville, IL - 62062**

## **NOTICE OF PRIVACY PRACTICES**

**Introduction:** This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" or PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website or calling the office and requesting that a revised copy be sent to you or asking for one at the time of your next appointment. If you have any questions about our Notice of Privacy Practices, you can contact our Privacy Officer by calling us at (618) 310-0085 or emailing us at [contact@bancaps.com](mailto:contact@bancaps.com).

### **Safeguarding PHI Within the Office**

We do not store any paper charts in our office. All patient charts are stored in our Electronic Medical Record (EMR). If we receive any documents related to your treatment in mail, we scan it and upload it to EMR and shred the paper document. We regularly train our staff on the obligation to protect the privacy of your PHI. Only staff members who have a "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that violation of this Notice or Privacy Practices will result in discipline in accordance with our personnel policy.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing



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health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to your pediatrician or to the home health agency that provides care to you. We will also disclose protected health information to other providers (physicians, mid-level providers, therapists or counselors) who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Also, we may send your progress notes to your Pediatrician or Primary Care Provider to update them about your treatment plan for mental health. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment and improvement activities, employee review activities, training of medical students, licensing, fraud and abuse compliance, fundraising activities, and conducting or arranging for other business activities like business planning and development, business management



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and general administrative activities. For example, we may use a self-sign in kiosk at the front desk; we may call you by name in the waiting room when we are ready to serve you. We may send you text messages, leave a message on your answering machine or voicemail with general medical information and may request for you to contact us for more detailed information.

We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**To Patient & Legal Guardians:** We will disclose patient’s protected health information to the patient (as clinically appropriate for their age) and to all the legal guardians listed on the chart (unless specifically restricted by law). You are required to fill out a “Request to restrict release of Information” form if any of the legal guardians is restricted by law to obtain patient’s Protected Health Information.

## **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You may allow your family members or friends to obtain information about your treatment. You are required to fill out an “Authorization to Release Information to Family & Friends” form listing the names of all the legal guardians. In that form, you can also list the names of family members or friends who you might allow to obtain information about your treatment.

From time to time, you may request that our facility disclose your Protected Health Information to specified individuals or companies for a defined purpose and timeframe. These situations may include disclosures of sensitive PHI, such as HIV status or information about sexually transmitted diseases, mental health or psychiatric treatment, or substance abuse services. Also, you may authorize disclosures to individuals who are not involved in treatment, payment or health care operations, such as attorneys if you are involved in litigation either on your own or another’s behalf. If you wish us to



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make disclosures in these situations, we will ask you to sign our appropriate form authorizing us to do that.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Emergencies:** If you are incapacitated and require emergency medical treatment, we will use and disclose your PHI to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.

**Communication barriers:** If we try but cannot obtain your consent to use or disclose your PHI because of substantial communication barriers and your physician, using his or her professional judgment, infers that you consent to the use and disclosure, we will make the use or disclosure.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking



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this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death.



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Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**DHHS:** We must disclose your PHI to you upon request and to the Secretary of the U.S. Department of Health & Human Services to investigate or determine our compliance with the privacy laws.

## **Your Rights**



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Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right of access to your Protected Health Information:** You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. To request access to your PHI, please request in writing to our Privacy Officer by filling out the form "Request to Release of Information to self" available on our website.

**Right to restrict release of your Protected Health Information:** You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. To request a restriction of your protected health information, please request in writing to our Privacy Officer by filling out the form "Request to restrict Release of Information" available on our website.

**Right to confidential communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not require an explanation of your reasons for the request, but we will ask that you specify the alternative address or other method of contact and that you inform us of how





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payment for our medical services will be handled. Please make this request in writing to our Privacy Officer.

**Right to amend Protected Health Information:** You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record. We will respond to your request as soon as possible, but no later than 30 days from the date of your request.

**Right to accounting of disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information for up-to 6 years prior to the date of your request. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Please make your request in writing to our privacy officer if you wish to receive an accounting of certain disclosures. We will respond to your request as soon as possible, but no later than 30 days from the date of your request.

**Right to copy of our Notice of Privacy Practices:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. We may periodically amend this Notice of Privacy Practices and you have the right obtain an updated Notice from our Privacy Officer at any time.

## **Complaints**





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You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. You may do that filling a complaint form on our website, sending an email to [contact@bancaps.com](mailto:contact@bancaps.com) and addressing to the Privacy Officer. We will not retaliate against you for filing a complaint. Our privacy officer will respond to your complaint with-in 30 days of the date of your complaint.

You may contact your doctor if you have any other questions about privacy practices.

### **Acknowledgement of Receipt of Notice of Privacy Practices**

I certify that I have received a copy of Notice of Privacy Practices. I understand that the Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of BanCAPs health care operations. I know that this notice also describes my rights and BanCAPs duties with respect to my protected health information. I understand that this notice is on BanCAPs website at [www.bancaps.com](http://www.bancaps.com). I understand that BanCAPs reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or by accessing BanCAPs website.

*(This document is to be signed electronically via UpDox)*