Notice of Privacy Practices

Psychiatric Medicine Center, LLC
Henry F. Crabbe, MD
5 Shaw's Cove Suite 207, New London, CT 06320
Telephone: 860-444-8877 | Fax: 860-444-9660

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.

A COPY OF THIS NOTICE IS GIVEN UPON REQUEST. YOU MAY ALSO VIEW IT ON OUR WEBSITE AT www.ctpsychmed.com

This notice applies to Psychiatric Medicine Center, LLC, including its physician and office staff. It explains how we handle your protected health information, including psychiatric evaluations, diagnoses, medications, treatment records, and billing information, in paper, electronic, and oral form. We are required by law to protect the privacy of your health information, give you this notice, follow the notice currently in effect, and notify you of a breach of unsecured protected health information as required by law.

Additional Protections for Psychiatric Information
Connecticut law gives psychiatric communications and records additional confidentiality protections. We generally need your written consent to disclose information identifying you as a psychiatric patient unless a specific legal exception applies. For example, Connecticut law permits certain disclosures necessary for diagnosis or treatment, limited billing disclosures, and certain emergency disclosures. We follow the more protective law when it provides greater privacy protection. The examples below do not override these requirements. HIV-related information, genetic information, and substance use disorder records may also have special protections.

Treatment
We use your information to evaluate your condition, manage medications, and provide care. When legally permitted, we may share necessary information with a pharmacy, laboratory, hospital, insurance or another treating clinician. For example, we may coordinate prescriptions with your pharmacy or discuss a medication interaction with your primary care provider. We obtain consent when required.

Payment
We use and, when legally permitted, disclose information to check insurance benefits, obtain prior authorization, submit claims, collect payment, and resolve billing questions. For example, a claim may include your diagnosis, visit date, and services provided. Connecticut limits disclosures of psychiatric information for billing and collection; we disclose only what applicable law permits and obtain consent when required.

Practice Operations and Service Providers
We use information to manage our office, review quality of care, train staff, and meet licensing and compliance obligations. Service providers may assist with billing, record systems, or other office functions under required privacy agreements. Access and disclosures are limited as required by law, including Connecticut psychiatric confidentiality requirements.

COMMUNICATIONS

We may contact you about appointments, prescriptions, treatment options, and payment. Tell us if you need a different telephone number, mailing address, or other reasonable confidential communication arrangement. We will accommodate reasonable requests. We share information with family, friends, caregivers, or others involved in your care or payment only when legally permitted and with your consent when required. An emergency or inability to express your wishes does not remove applicable psychiatric confidentiality protections.

Your Representative/Minor Patients

A person legally authorized to act for you may exercise your privacy rights to the extent of that authority. We verify the authority before releasing information. For minors, parental access depends on applicable law, including laws allowing minors to consent to certain services and laws protecting confidential treatment. Exceptions may apply to protect a patient from abuse, neglect, or endangerment.

Written Authorization

We obtain written authorization for uses or disclosures not described in this notice unless otherwise permitted or required by law. Most uses or disclosures of separately maintained psychotherapy notes require specific authorization; these notes are different from routine medication management and progress records. Marketing uses and disclosures and sales of protected health information generally require written authorization, subject to legal exceptions. You may revoke an authorization in writing, except to the extent we have already relied on it. Refusing consent to disclose psychiatric records will not jeopardize present or future treatment except where disclosure is necessary for treatment.

Substance Use Disorder Records

Some substance use disorder records are protected by 42 CFR Part 2. If we receive or maintain these records, we follow Part 2 in addition to HIPAA and applicable state law. Where required, we obtain written consent before using or disclosing them. A valid consent may cover future treatment, payment, and health care operations, or may be limited to particular purposes. We honor the scope of the consent and any applicable revocation.

When a HIPAA covered entity or business associate receives Part 2 records under a valid consent for treatment, payment, and health care operations, HIPAA may permit further disclosures, subject to Part 2 restrictions and more protective state law. Information disclosed to other recipients may be redisclosed and may no longer be protected by HIPAA; other confidentiality laws may still apply.

Part 2 records, and testimony about their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying Part 2 court order together with a subpoena or similar legal mandate. Required notice and an opportunity to be heard must be provided before a court authorizes disclosure, as applicable. A routine subpoena alone is not sufficient.

If we use Part 2 records for fundraising, we must first give you clear notice and a choice about receiving those communications. You may decline them. If other fundraising communications are sent as allowed by law, you may opt out of further communications. Your decision will not affect treatment or payment.

Other Disclosures

The following describes other purposes for which information may be used or disclosed. Each disclosure must satisfy applicable legal conditions. HIPAA permission alone does not authorize disclosure of protected psychiatric or Part 2 records. We obtain consent or additional legal authority whenever required.

Public Health and Safety

As allowed or required by law, disclosures may support disease prevention, reporting medication reactions or product problems, and reporting suspected abuse, neglect, or domestic violence. We may disclose information to address a serious and imminent threat when the applicable legal standard is met. Connecticut psychiatric law permits certain disclosures when there is a substantial risk of imminent physical injury to you or another person, or when necessary to arrange placement in a mental health facility. Part 2 imposes additional limits, including rules for bona fide medical emergencies and required child abuse or neglect reports.

Legal Requirements

We disclose information when required by law, including disclosures to the U.S. Department of Health and Human Services to review compliance with privacy requirements. Disclosures may also be allowed for authorized audits, inspections, licensing, and other health oversight activities. Psychiatric and Part 2 information remains subject to applicable additional safeguards.

Courts and Law

We may disclose information in response to legal proceedings or law enforcement requests only when all applicable requirements are met. A subpoena or request from police does not by itself remove psychiatric confidentiality protections. We require appropriate consent, a qualifying court order, or another specific legal exception. The restrictions on proceedings against you involving Part 2 records apply to every category in this notice.

Other

When all applicable legal conditions are met, information may be disclosed for workers' compensation; authorized military, national security, or correctional activities; disaster relief; organ or tissue donation; and duties of coroners, medical examiners, and funeral directors. Information may also be used or disclosed for research when required consent or an applicable research exception and safeguards are in place. These categories do not create an independent exception to Connecticut psychiatric confidentiality or Part 2.

Changes

We may revise this notice as permitted by law and apply the revised notice to information we already maintain as well as information received in the future. A revised notice will show its effective date, be posted prominently in the office, and be available upon request. If we maintain a website describing our services, the notice will also be posted there. You may request a paper copy at any time, including if you previously accepted an electronic copy.

How to contact us

Contact our Office Manager at 860-444-8877 to ask questions, obtain request forms, or arrange delivery of a written request. You may submit written requests at our office or by mail to the address listed on page 1.

Records

You may request to inspect or receive paper or electronic copies of records in our designated record set, including medical and billing records, subject to limited legal exceptions. We provide your requested format if readily producible, or agree with you on an alternative. We generally act within 30 days, or sooner when required by law. If a lawful extension is needed, we explain it in writing. We may charge only a reasonable, cost-based fee permitted by law. If access is denied, we explain the reason and any right to review. Separately maintained psychotherapy notes are excluded from the HIPAA access right; routine psychiatric treatment records are not excluded merely because they concern mental health.

Corrections

You may ask in writing to amend information you believe is incorrect or incomplete and explain why. We generally respond within 60 days, subject to a permitted extension. If we deny the request, we give you a written explanation and explain how to submit a statement of disagreement.

Confidential Communications

You may ask in writing to restrict uses or disclosures for treatment, payment, or operations, or sharing with people involved in your care. We are generally not required to agree, except as required by law. If you or someone on your behalf pays in full for a service out of pocket, we must honor your request not to disclose information solely about that service to your health plan for payment or operations, unless disclosure is required by law. Ask before a claim is sent. You may also request reasonable confidential communication arrangements without explaining the reason.

Accounting and Breach Notice

You may request an accounting of certain disclosures during the six years before your request, or a shorter period. The accounting excludes disclosures that the law does not require us to list, such as most treatment, payment, and operations disclosures. The first accounting in a 12-month period is free; we will tell you about any permitted fee for additional requests. You also have the right to notice of a breach of your unsecured protected health information as required by law.

Questions and Complaints

Contact: Office Manager, Psychiatric Medicine Center, LLC

Email: officemanager.henrycrabbe@gmail.com
Telephone: 860-444-8877
5 Shaw’s Cove Suite 207, New London, CT 06320

Acknowledgment of Receipt

Psychiatric Medicine Center, LLC
Notice of Privacy Practices

This page documents receipt of the Notice of Privacy Practices. Keep the notice for your records; the office may keep this acknowledgment separately.

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices for Psychiatric Medicine Center, LLC. I understand that I may request another copy and ask questions about the notice.

My signature acknowledges receipt only. It does not authorize release of my records, consent to treatment, or waive my privacy rights. Any consent or authorization required for disclosure must be obtained separately.

If you have already electronically signed an acknowledgment of receipt of this Notice of Privacy Practices through our online patient forms, an additional paper signature is not needed. Your electronic acknowledgment is retained in your patient record.

Patient name: _____

Patient date of birth: _____

Signature of patient or representative: _____

Date: _____

Representative name if applicable: _____

Relationship and legal authority: _____