

Insight Psychological Services, LLC  
9151 Estate Thomas, Foothills Professional Building, Suite 204  
St. Thomas, VI 00802  
(340) 774-2228

## **PRIVACY POLICY**

**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. If you have any questions about this notice, please contact us at (340) 774-2228.**

### **Our Pledge Regarding Medical Information**

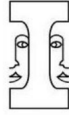
We understand that information about you is personal, and we are committed to protecting it. A record of the care and services you receive at Insight Psychological Services is created and maintained at this location. This notice applies to all of those records of your care.

### **We are required by law to:**

- Make sure that medical information that identifies you is kept private.
- Provide you this Notice of our legal duties and privacy practices regarding your medical information.
- Follow the terms of the Notice that is currently in effect. We may change our privacy practices and the terms of our Notice at any time. If we make changes we will post a new Notice. The new Notice will be effective for all protected information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by calling our office at (340) 774-2228 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next stay. The new Notice will also be posted on our website, <http://www.insightpsychological-vi.com>.

### **Purpose of This Privacy Notice**

This Notice of Privacy Practices describes how we may use and disclose your protected information to carry out treatment, initiate payment, conduct care operations and for other purposes that are permitted or required by law. The Notice describes your rights to access and control your protected information. "Protected information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.



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### **Who Will Follow This Notice:**

This Notice describes the practices regarding the use of your information by Insight Psychological Services and by:

- Any health care professional authorized to enter information into your medical record at Insight Psychological Services, including without limitation, the members of the Insight Psychological Services's staff, who are participants in an organized health care arrangement with Insight Psychological Services for privacy purposes.
- All departments and units of Insight Psychological Services you may visit.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of Insight Psychological Services. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or other purposes described in this Notice.

### **How We May Use And Disclose Medical Information About You**

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed. However, all of the ways we are permitted to use and disclose information fall into one of these categories:

**Treatment.** We may use medical information about you to provide, coordinate or manage your medical treatment or services. We may disclose medical information about you to physicians or health care providers who are or will be involved in taking care of you. Another example is that your protected 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.

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive at our facilities may be billed for, and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment and for undertaking utilization review activities.

**Healthcare Operations.** We may use or disclose, as needed, your protected information in performing certain business activities of Insight Psychological Services, which are called healthcare operations. Some examples of these operations include our business and management activities, quality assessment activities, employee review activities, and conducting



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or arranging for other business activities. We may call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected information, as necessary, to contact you to remind you of your appointment/procedure. We may share your protected information with third party “business associates” that perform various activities, such as billing or transcription services, for the Insight Psychological Services. Whenever an arrangement between Insight Psychological Services and a business associate involves the use or disclosure of your protected information, we will have a written contract that contains terms that will protect the privacy of protected information that is in the hands of these business associates.

We may use or disclose your protected 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. For example, your name and address may be used to send you a newsletter about the services we offer. You may contact us to request that these materials not be sent to you.

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

Other uses and disclosures of your protected information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Insight Psychological Services or any entity covered by the authorization has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected information in the following circumstances. However, except in an emergency, we will inform you of our intended action prior to making such use or disclosure and will, at that time, offer you the opportunity to object. If you are not present or able to agree or object to the use or disclosure of the protected information, then your therapist or designee may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected information that is relevant to your health care will be disclosed.

#### **Others Involved in Your Healthcare**

We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected information that directly relates to that person’s involvement in your



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health care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition. Finally, we may use or disclose your protected information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

### **Emergencies**

We may use or disclose your protected information in an emergency treatment situation. If this happens, your physician or designee shall try to obtain your acknowledgement of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

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

We may use or disclose your protected information in the following circumstances without your consent or authorization.

### **Required By Law**

We may use or disclose your protected information to the extent that law requires the use or disclosure. 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, as required by law, of any such uses or disclosures. These may include but may not be limited to Public Health, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Workers' Compensation and Inmates.