



PATIENT RIGHTS, CONFIDENTIALITY, AND HIPAA

Sunrise Psychiatry, LLC will ensure that facility staff will maintain confidentiality requirements for the assigned patient, family and other associated information in accordance to Agency for Healthcare Administration (AHCA), Centers for Medicare and Medicaid Services (CMS), and Health Insurance Portability and Accountability Act (HIPAA) legislation, accreditation standards and contracted Health Plan/Agencies requirements.

Assigned member information is protected and kept confidential including but is not limited to the following:

- Medical record maintenance, storage, accessibility and release;
- Electronic ;
- Verbal and telephonic information

Your specific provider(s) and any employees of Sunrise Psychiatry, LLC will adhere to strict medical Record Confidentiality guidelines for the protection and proper distribution of patient specific information in the performance of daily care/services. Documents and information, medical record keeping and storage, release of medical records, telephone/fax transmittal of data and other forms of communication will be monitored through internal systems for the protection of confidential information. Reporting of health information will be aggregate and/or de-identified using member assigned numbers according to contracted Health Plan or Agency. Please note that it is common practice and a requirement by managed care companies that we share patient-specific clinical information with any insurance companies who are responsible for payment to your account.

RELEASE OF INFORMATION

It is important that your review the information below regarding communication processes and authorization requirements for the relaying of patient-specific clinical information. Any and all forms, documentation, and related materials regarding a patient's mental health "record" or "medical record" are considered protected and confidential information under both Federal and the State of South Carolina guidelines and regulations. Unless the relay of such materials is designated for payor-source purposes (such as Insurance Companies), the patient (or legal guardian/power-or-attorney) must sign a Release of Information form. You may request a copy of this form from our front office staff, or you may access one online at our website, sunrisepsychiatry.com. Our company must keep the original signed copy on file for legal purposes.

PHOTO IDENTIFICATION REQUIREMENTS

Please be aware that Photo IDs are required at the following times:

- For initial/first appointments
- In the event that you are picking up a requested copy of (or a portion of) a medical record
- In the event that you are not the patient but a designated appointee (such as guardian-ad-litem, or have power-of-attorney).
- In the event that you are picking up a prescription or medication sample.

USE OR DISCLOSURE OF THE FOLLOWING PROTECTED HEALTH INFORMATION THAT **DOES NOT REQUIRE YOUR CONSENT OR AUTHORIZATION**

1. Uses and disclosures required by law – such as files ordered by a judge
2. Uses and disclosures about victims of abuse, neglect or domestic violence – such as Duty to Warn
3. Uses and disclosures for health and oversight activities – such as correcting records in house
4. Uses for judicial and administrative proceedings – such as a case where you are claiming malpractice or breach of ethics
5. Uses and disclosures for research purposes – such as using patient information in research; always maintaining confidentiality of personal/identifying information
6. Uses and disclosures to avert serious threat to health and safety such as calling Probate Court for a commitment hearing
7. Uses and disclosures to report a crime committed on Sunrise Psychiatry's premises and/or against personnel

By signing this form, I am acknowledging prior to receiving any treatment at Sunrise Psychiatry, LLC that I have received, read and understand this and have asked my provider to explain any portion of if that I do not understand.

Signature of Patient/Representative

Date

Signature of Witness

Date