

# Notice of Privacy Practices for Endeavor Psychiatry, LLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

1. PURPOSE OF THIS NOTICE: Endeavor Psychiatry, LLC and Dr. Paul McMahon are committed to keeping the privacy of your protected health information. The law requires that we keep all records we create or receive private. We are required by law to provide this Notice of Privacy Practices (the "Notice") to you. This Notice lets you know how we may and may not use and disclose the health information that you have provided to us or that we have learned during the course of your treatment with us. This Notice also informs you of your rights and our legal duties concerning your health information. All employees of Endeavor Psychiatry, LLC must abide by this Notice. A copy of this Notice will be provided to you and is available on our website.

2. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS AT ENDEAVOR PSYCHIATRY, LLC: Treatment, Payment and Health Care Operations. The following section describes different ways we use and disclose health information for treatment, payment and health care operations. Not every use or disclosure will be noted, and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of these categories:

a. Treatment: We may use your health information to provide medical treatment or services to you. We may disclose your health information to our physicians and other personnel involved in your health care. Treatment may include: 1) Activities performed by office staff, health care professionals and physicians providing care to you, or coordinating and managing your care with third parties; 2) Consultations with and between Endeavor Psychiatry, LLC and other health care providers

b. Payment: We may use and disclose your health information so we may bill and collect payment from you, a legal guardian, or anyone else for health care services you receive from Endeavor Psychiatry, LLC.

c. Health Care Operations: We may use and disclose your health information in order to run the necessary administrative, quality assurance and business functions at Endeavor Psychiatry, LLC. For example, we may use health information about patients to help us decide what additional services we should offer, how we can improve treatments, or decide whether certain treatments are effective.

3. USES AND DISCLOSURES YOU CAN LIMIT:

a. Family and Friends. We will limit the information we disclose to your family and friends, unless you inform us otherwise. Only at your request will we provide your health information to individuals, such as family and friends, who are involved in your care (provide transportation, etc.) or who help pay for your care. However, if you bring a family member or friend along and they are present during your appointment, we will assume it is OK to share private health information to this individual.

4. OTHER PERMITTED USES and DISCLOSURES of HEALTH INFORMATION: We may use or disclose your

health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

- i. **Required by Law:** As required by federal, state, or local law.
  - ii. **Public Health Activities:** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, school immunizations under circumstances or problems with products.
  - iii. **Victims of Abuse, Neglect or Domestic Violence:** To a government authority who is authorized by law to receive reports of abuse, neglect or domestic violence when we reasonably believe you are the victim of abuse, neglect or domestic violence and other criteria are met.
  - iv. **Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
  - v. **Lawsuits and Disputes:** In response to a subpoena, discovery request or a court administrative order, if certain criteria are met.
  - vi. **Law Enforcement:** To a law enforcement official for law enforcement purposes required by law; in response to a court order or subpoena, warrant, summons or similar process; for identification and location purposes if requested; to respond to a request for information on an actual or suspected crime victim; to report a crime in an emergency; or to report a death if the death is suspected to be the result of criminal conduct.
  - vii. **Research:** For research purposes under certain limited circumstances. Research projects are subject to a special approval process. We will not use or disclose your health information for research purposes until the particular research project (for which your health information may be used or disclosed) has been approved through this specific approval process.
  - viii. **Serious Threat to Health or Safety / Disaster Relief:** To appropriate individual(s)/organization(s) when necessary:
    1. To prevent a serious threat to your health and safety, or that of the public or another person
    2. To notify your family members or persons responsible for you in a disaster relief effort
  - ix. **Workers' Compensation:** As necessary to comply with laws relating to workers' compensation or similar work-related injury programs
5. **WHEN WRITTEN AUTHORIZATION IS REQUIRED:** Other than for those purposes identified above, we will not use or disclose your private health information for any reason unless you give us a specific written authorization to do so.
6. **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:** You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so

in writing by completing a form that you can obtain by asking the staff of Endeavor Psychiatry, LLC.

i. Right to Inspect and Copy. With some exceptions, you have the right to inspect and obtain a copy of the health information we use to make decisions about your care.

ii. Right to Amend. You have the right to amend your health information maintained by or for Endeavor Psychiatry, LLC, or used by us to make decisions about you. We will require you to provide a reason for the request, and we may deny the request to amend if the request is not properly submitted, or if it asks us to amend information that:

1. We did not create (unless the source of the information is no longer available to make the amendment).
2. Is not part of the health information that we normally keep.
3. Is a type that you would not be permitted to inspect or copy.
4. Is already accurate and complete.

iii. Right to an Accounting of Disclosures. You have the right to request a list and description of certain disclosures by Endeavor Psychiatry, LLC of your health information.

iv. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you:

1. For treatment, payment or health care operations
2. To someone who is involved in your care or the payment for it, such as a family member or friend
3. To a health plan for payment or health care operations purposes when the item or service for which we have been paid out of pocket in full by you or someone on your behalf (other than the health plan).
4. Except for the request noted in #3 above, we are not required to agree to your request.
5. The staff at Endeavor Psychiatry, LLC must agree in writing to the restriction request.

v. Right to Request Confidential Communications. You have the right to request we communicate with you about health matters in a certain way or a certain place. We will accommodate all reasonable requests. For example, you can ask that we only contact you at work, on your mobile or by mail.

vi. Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice, even if you have previously agreed to receive this Notice electronically.

vii. Right to be Notified of a Breach. You have the right to be notified if there is a breach (a compromise to the security of your private information or health information).

7. REVISIONS TO THIS NOTICE: Endeavor Psychiatry, LLC and Paul McMahon, MD have the right to change this Notice, and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in

which the material change is reflected. We will post the revised Notice at our clinical locations and on our website. In addition, we will provide you a copy of the revised Notice upon your request.

8. QUESTIONS OR COMPLAINTS: If you have any questions about this Notice, please contact Endeavor Psychiatry, LLC at (503) 420-7472. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Department of Health and Human Services. To file a complaint with us, please contact Endeavor Psychiatry, LLC at (503) 420-7472. You will not be penalized for filing a complaint.

9. THIS NOTICE IS EFFECTIVE AS OF 26-APRIL-2024

ACKNOWLEDGEMENT:

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.