monarc
inclusive health + wellness

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Notice of Privacy Practices

This notice describes how your protected health information (PHI) may be used and disclosed, and how you can get access to this information. Please review this notice carefully-the privacy of your protected health information is important to us.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information (PHI). Protected health information is information that may identify you and that relates to your past, present, or future physical or mental health/condition and related health-care services. We will not use or disclose protected health information about you without your written authorization-except as described in this notice.

We are required to give this notice about your privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time- provided such changes are permitted by applicable law. In the event we make a material change in our privacy practices, we will change this notice and provide it to you.

Uses and Disclosures of Health Information

We use and disclose protected information about you for treatment, payment, and healthcare/program operations as follows:

Your Authorization

In addition to our use of your protected health information for treatment, payment, or healthcare/program operations you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time (except where required by Court-ordered services). Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice. Please be advised that certain fees do apply when requesting your records and record requests will take up to 10 business days to process.

Treatment

With your authorization, we may use or disclose your protected health information to the referral source for purposes of treatment planning and coordination, reporting compliance/non-compliance issues, and referral to another additional service provider.

Payment

You will be made aware of all financial obligations and fees for services provided by the agency. We may use or disclose your protected health information to obtain payment for services we provide to you. This may include such activities as verification of coverage and billing/collection activities and related data processing.

Healthcare/Program Operations

We may use and disclose your protected health information in connection with our healthcare program operations. This may include such activities as quality assessment and improvement activities, reviewing the competence and/or qualifications of healthcare/program professionals, evaluating provider performance, conducting training programs, and accreditation, certification, licensing, and/or credentialing activities.

Required by Law

We may use or disclose your protected health information when we are required to do so by law-including judicial and administrative proceedings.

Abuse or Neglect

We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, and/or exploitation, regardless of case disposition or discharge. We may also disclose your PHI to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others, including, if we have good reason to believe that you are engaging in the abuse of a child or vulnerable adult. Lastly, if we have reason to believe that you are a danger to yourself or others and you are not able to be reached by telephone (or other means) and/or have not kept your appointment(s), we may contact the appropriate authorities to complete a wellness check to ensure your safety and the safety of others.

National Security

We may disclose to authorized federal officials, protected health information required by lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information as mandated by law.

Appointment Reminders and Termination Notices

We may use or disclose your protected health information to provide you with appointment reminders or to advise you that you are at risk for program termination. Such activities may include communication via telephone and voicemail messages, email, text messages and mail.