



# TOP CHOICE TELEPSYCHIATRY LLC<sup>TM</sup>

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## **NOTICE OF PRIVACY PRACTICES (NPP)**

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**EFFECTIVE DATE OF THIS NOTICE: April 1, 2025**

### **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE:**

Under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and the **Rhode Island Confidentiality of Health Care Communications and Information Act (R.I. Gen. Laws § 5-37.3)**, you have certain rights regarding the use and disclosure of your **protected health information (PHI)**. This NPP ensures compliance with both **federal HIPAA regulations** and **Rhode Island state laws**. It also clarifies patient rights and provider obligations in a manner consistent with state-specific requirements.

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**Mary Saggal, DNP, APRN-CNP, PMHNP-BC**

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### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting your health information. I will create a record of the care and services you receive from me. This record is necessary to provide you with quality care and to comply with legal requirements.

This notice applies to all records of your care generated by this mental health care practice. It describes the ways I may use and disclose your health information, your rights regarding this information, and my obligations under the law.

I am required by law to:

1. Keep your PHI private.
2. Provide you with this notice of my legal duties and privacy practices.
3. Follow the terms of the notice currently in effect.
4. Notify you if a breach occurs that compromises the privacy or security of your PHI.

I reserve the right to change this notice at any time, in accordance with applicable law. Any changes will apply to all PHI I maintain. The updated notice will be available upon request, in my office, and on my website.

## **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe how I may use and disclose your PHI. Not every use or disclosure in a category will be listed, and I may not use or disclose your PHI pursuant to every category, but all permitted uses and disclosures will fall within one of these categories.

### **1. For Treatment, Payment, or Health Care Operations:**

- **Treatment:** I may use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes consultations with other health care providers. For example, I may share your PHI with a specialist to whom I refer you for further care.
- **Payment:** I may use and disclose your PHI to obtain payment for services provided to you. For example, I may share information in your billing invoice to specify services rendered.
- **Health Care Operations:** I may use and disclose your PHI for activities necessary to run my practice, such as appointment reminders.

### **2. Emergency Treatment:**

I may disclose your PHI if you require emergency treatment or are unable to communicate with me.

### **3. Disclosures Required by Law:**

I may disclose your PHI when required by federal, state, or local law. For example, I am required to report suspected child, elder, or dependent adult abuse under Rhode Island law (R.I. Gen. Laws § 40-11-3).

### **4. Public Health and Safety:**

I may disclose your PHI for public health activities, such as reporting diseases or preventing serious threats to health or safety.

### **5. Judicial and Administrative Proceedings:**

I may disclose your PHI in response to a court order, subpoena, or other lawful processes. However, I will attempt to notify you or obtain a protective order unless prohibited by law.

### **6. Law Enforcement:**

I may disclose your PHI to law enforcement officials in certain circumstances, such as reporting a crime on my premises.

### **7. Health Oversight Activities:**

I may disclose your PHI to health oversight agencies for activities authorized by law, such as audits or investigations.

## **8. Reproductive Health:**

I may use or disclose your reproductive health information for purposes related to your care, including treatment, payment, and operations, and for other purposes covered by this Notice. I am prohibited from and will not use or disclose your PHI to conduct a criminal, civil, or administrative investigation or to impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, unless you authorize such in writing. I may be required to obtain a signed attestation prior to releasing any PHI potentially related to reproductive health, where the request is made for health oversight, judicial and administrative proceedings, law enforcement, or coroner/medical examiner purposes, that the requestor will not use the PHI for certain prohibited purposes unless you sign a HIPAA authorization giving me permission to do so.

## **9. Specialized Government Functions:**

If you are active military or a veteran, I may disclose your PHI as required by military command authorities. I may also be required to disclose your PHI for certain government functions, such as military or national security activities.

## **10. Workers' Compensation:**

I may disclose your PHI to comply with workers' compensation laws.

## **11. Research:**

I may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.

## **12. Organ Donation:**

I may disclose your PHI to organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.

## **13. Coroners, Medical Examiners, Funeral Directors:**

I may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

## **14. Disaster Relief:**

Unless you object, I may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

## **III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:**

1. **Not Otherwise Permitted:** In any other situation not described in Section II, above, I may not disclose your PHI without your authorization.
2. **Psychotherapy Notes:** I may use or disclose your psychotherapy notes only with your written authorization, except as permitted by law (e.g., for my use in treating you or for health oversight activities).

3. **Marketing:** I will not use or disclose your PHI for marketing purposes without your prior written authorization.
4. **Sale of PHI:** I will not sell your PHI without your authorization.

#### **IV. YOUR RIGHTS REGARDING YOUR PHI:**

1. **Right to Access:** You have the right to inspect and copy your PHI. I will provide you with a copy within 30 days of your written request.
2. **Right to Amend:** You may request amendments to your PHI if you believe it is incorrect or incomplete.
3. **Right to Restrict Disclosures:** You may request restrictions on how I use or disclose your PHI, though I am not required to agree unless you pay for a service or health care item out of pocket in full and the restriction applies to disclosure for the purpose of payment or our operation with your health insurer.
4. **Right to Confidential Communications:** You may request that I communicate with you in a specific way (e.g., by secure HIPAA compliant email or text).
5. **Right to an Accounting of Disclosures:** You may request a list of disclosures of your PHI made in the past six years.
6. **Right to a Paper Copy of This Notice:** You may request a paper copy of this notice at any time.
7. **Right to Revoke Authorization:** You may revoke any authorization you have given at any time, in writing.

#### **V. RHODE ISLAND-SPECIFIC PRIVACY PROTECTIONS:**

Under Rhode Island law (R.I. Gen. Laws § 5-37.3), you have additional protections, including:

1. **Confidentiality of Mental Health Records:** Your mental health records are subject to heightened confidentiality protections.
2. **Disclosure to Family Members:** I will not disclose your PHI to family members or others involved in your care without your authorization.
3. **Minor Consent:** If you are a minor, Rhode Island law may allow you to consent to certain treatments without parental involvement, and your PHI will be protected accordingly.

**VI. COMPLAINTS:** I will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with:

- **TOP CHOICE TELEPSYCHIATRY LLC™** at the address above.

- **The U.S. Department of Health and Human Services (HHS):**  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(877) 696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- **The Rhode Island Department of Health:**  
3 Capitol Hill  
Providence, RI 02908  
(401) 222-5960