

MENTAL WELLNESS 360 NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

It is my legal duty to safeguard your protected health information (PHI).

I am required by law to maintain the privacy of your health information, to notify you of my legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured health information. This Notice summarizes my duties and your rights concerning your protected health information. My duties and your rights are set forth more fully in 45 C.F.R. part 164. I am required to abide by the terms of our Notice that is currently in effect.

This Notice takes effect July 1, 2018, and will remain in effect until I replace it. I 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. I reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that I maintain, including health information I created or received before I made the changes. Before I make a significant change in this privacy practices, I will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION

I may use or disclose protected health information for the following purposes without your written authorization.

These examples are not meant to be exhaustive.

Treatment: Your PHI may be used and disclosed by me for the purpose of providing you with health care treatment. To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

Payment: I may use and disclose your health information to insurance companies to obtain payment for services I provide to you.

Health Operations: I may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs including clinical supervision of counselors, accreditation, certification, licensing or credentialing activities.

OTHER USES OR DISCLOSURES: I may use or disclose your health information for certain other purposes allowed by 45 CFR part 164.512 or other applicable laws and regulations, including the following:

To Your Parents if You are a Minor (under 18 years old): If required by federal or state law and you are a minor, your health information may be disclosed to your parents.

Required by Law: I may use or disclose your health information when I are required to do so by law.

National Security: I may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may disclose your health information to law enforcement officials, or in response to a court or administrative order, subpoena, discovery request, or other lawful purposes.

Abuse or Neglect: I may disclose your health information to appropriate authorities if I reasonably believe that you are a victim of current, on-going abuse, neglect, or domestic violence or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: I may use your PHI to contact you to remind you of your appointments or for the purposes of rescheduling appointments.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT

Unless you instruct us otherwise, I may use and disclose protected health information in the following instances without your written authorization:

To Your Family and Friends: I may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that I may do so. Generally, an authorization signed by you will be required prior to disclosing your health information to these individuals.

Persons Involved In Care: I may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, general condition or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

USES AND DISCLOSURES OF INFORMATION THAT I MAY MAKE WITH YOUR WRITTEN AUTHORIZATION:

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, I cannot use or disclose your health information for any reason except those described in this Notice.

YOUR RIGHTS REGARDING YOUR PHI

Access: You have the right to view or obtain copies of your health information, with limited exceptions (for example, you do not have the right to access psychotherapy notes). To obtain access to your health information you must make a request in writing to the address at the end of this Notice. I may charge a reasonable, cost-based fee for copying and transmitting your PHI.

Disclosure Accounting: You have the right to receive a list of instances in which I disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request (in writing to the Contact Officer) that I place additional restrictions on our use or disclosure of your health information. You may also request that we communicate with you by alternative means or at alternative locations. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in an emergency).

Amendment: You have the right to request that I amend your health information. (Your request must be in writing and it must explain why the information should be amended.) I may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, have questions or concerns, please contact me.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us using the contact information listed at the end of this Notice.

In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. I may also provide notification by other methods as appropriate.

I support your right to the privacy of your health information. I will not retaliate in any way if you choose to file a complaint with us.

Contact Officer: Suzy Anderson, LPC Intern

Supervisor: Dr. Nicole Le Verne, PsyD, LPC, MAC, CADC III, CCHt, ACS

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