



## **HIPAA NOTICE OF PRIVACY**

This notice describes how your personal medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

## **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you and your care is personal and private. We are committed to protecting your health information. We create a record of the care you receive from our office. We only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice applies to all of the records of your care generated by this health care practice. This notice will tell you about the ways in which we may use and disclose protected health information (PHI) for the purposes of providing services. This statement also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

## **OUR RESPONSIBILITIES**

Whole Again Counseling & Wellness has a legal duty to:

- Safeguard and maintain the privacy of your protected health information.
- To follow the duties and privacy practices described in this Notice and to provide individuals with a copy of this Notice.
- To notify affected individuals following a breach of unsecured PHI.
- To notify you of any changes in the terms of this Notice and our privacy policies. Before making any important changes to our policies, we will promptly provide a new copy of the Notice and post it in our office.
- To provide you with a copy of this Notice from our office staff at any time.

## **YOUR CLIENT RIGHTS WITH RESPECT TO YOUR PHI**

1. To request limits on use and disclosures of your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care. If you pay for a service or health care item out-of-pocket, you can request for us not to share that information for the purpose of payment or operations with your health insurer.

2. To request confidential communications and choose how we communicate with you. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

3. To review and receive electronic or paper copies of your protected health information. We may charge you a reasonable, cost-based fee. Where applicable, we must provide those records to you within fifteen (15) days of receipt of your written request and a valid authorization for electronic



disclosure of PHI. You may not be able to obtain all of your information in a few special cases. For example, if your provider determines that release of that portion would be harmful to the client's physical, mental, or emotional health. If we deny access to any portion of a record, we will give you a signed and dated written statement and shall include a copy of the written statement in the client records.

4. To receive a paper copy of this Notice. You can ask for a paper or electronic copy of the notice at any time, even if you have agreed to it electronically. We will provide you with a paper copy promptly.

5. To get a list of those with whom we've shared your information. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we may charge you a reasonable cost-based fee for each additional request.

6. To correct your paper or electronic medical record. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We may not agree to the request, but we will respond to your request in writing within 60 days. Please ask our Privacy Officer for more details.

7. To complain. If you believe your privacy rights have been violated, please contact our Privacy Officer first. You may also file a complaint directly with any or all of the following federal and state agencies: the Secretary of the Department of Health and Human Services, the Office of the Attorney General of Texas, or the Texas State Board of Examiners of Professional Counselors. We will provide you with the addresses to file your complaint upon request. You will not be penalized in any way for filing a complaint. However, if you file a complaint, our professional ethics and board rules may require us to terminate our therapeutic relationship with you and refer you to other providers.

8. To choose someone else to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.



#### TREATMENT

- To manage or coordinate care with physicians, psychiatrists, psychologists, and other licensed health care providers who are involved in your care.
- To consult between health care providers.
- To refer clients to other health care provider or resources.

#### PAYMENT

- To bill and collect payment for the treatment and services provided.
- To verify insurance and coverage.
- To process claims and collect fees.

#### HEALTHCARE OPERATIONS

- To review treatment procedures.
- To review operational, administrative, and quality control activities.
- To gain certifications, or compliance and licensing activities.
- To train staff.

#### **OTHER USES AND DISCLOSURES**

Subject to certain limitations in the law, we may use and disclose your PHI without your Authorization for the following reasons:

- Mandated reporting of child abuse or elderly abuse. If there is cause to believe that a child, an elderly or disabled person has been or may be physically abused, neglected or sexually abused, we must make a report of such information within 48 hours to the Texas Department of Protective and Regulatory Services or to any local or state law enforcement agency.
- Appointment reminders. You have the right to request how we communicate reminders.
- Avoidance of harm. If we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes, we may disclose your health information to appropriate authorities.
- Disclosures to Parents or Legal Guardians. If you are a minor, we may release your PHI to your parents or legal guardians.
- Alternative treatments and health related benefits or services.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- For emergencies related to your care.
- Research purposes.
- As required by law.



**CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

2. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization).

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on October 1, 2020

Privacy Officer: Ginger Stephens

**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.