



Notice of Wellness Place Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Wellness Place may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when Wellness Place provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Wellness Place consults with another health care provider, such as your family physician, psychiatrist or another psychologist.
 - *Payment* is when Wellness Place obtains reimbursement for your healthcare. Examples of payment are when Wellness Place discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Wellness Places’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Wellness Place such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Wellness Place, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Wellness Place may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Wellness Place is asked for information for purposes outside of treatment, payment and health care operations, Wellness Place will obtain an authorization from you before releasing this information. Wellness Place will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your mental health professional has made about your conversation during a private, group, joint, or family counseling session, which she has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Wellness Place has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Wellness Place may use or disclose PHI **without** your consent or authorization in the following circumstances:

- **Child Abuse:** If Wellness Place has knowledge of any child who is suffering from or has sustained any wound, injury, or disability, or physical or mental condition of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect, Wellness Place is required by law to report such harm immediately to Ohio Department of Children’s Services or the appropriate government authority where the child resides. Also, if Wellness Place has reasonable cause to suspect that a child has been sexually abused, Wellness Place must report such information, regardless of whether the child has sustained any injury.
- **Disclosures About Victims of Abuse, Neglect or Domestic Violence:** We may disclose PHI to notify the appropriate government authority as required or expressly authorized by law if we believe a patient has been the victim of abuse, neglect, exploitation or domestic violence.

- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **To Advert a Serious Threat to Health and Safety:** Consistent with Ohio law, we may use and disclose certain PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may disclose information to medical personnel for the purpose of treating you in an emergency.
- **Law Enforcement or Judicial or Government Proceedings:** We may disclose your PHI for law enforcement purposes or for judicial or governmental proceedings if required to do so by court order, subpoena or discovery request.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Wellness Place has provided you and/or the records thereof, such information is privileged under state law, and Wellness Place must not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. Wellness Place must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to a mental health professional an actual threat of bodily harm against a clearly identified victim, and your mental health professional has determined or reasonably should have determined that you have the apparent ability to commit such an act and are likely to carry out the threat unless prevented from doing so, Wellness Place is required to take reasonable care to predict, warn of, or take precautions to protect the identified victim from your violent behavior.
- **As Required By Law:** We will disclose PHI when required to do so by federal, state or local law.
- **Crimes on premises:** We may disclose to law enforcement officers information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

IV. Patient's Rights and Wellness Places's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Wellness Place is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a mental health professional. Upon your request, Wellness Place will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, Wellness Place will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Wellness Place may deny your request. On your request, Wellness Place will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, Wellness Place will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice. You may ask Wellness Place to give you a copy of this notice at any time.

Wellness Places's Duties:

Wellness Place is required by HIPAA to:

- Maintain the privacy of your PHI in compliance with legal requirements;
- Provide you with this notice of Wellness Places's legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice that are currently in effect.

Wellness Place reserves the right to change the privacy policies and practices described in this notice.

Wellness Place reserves the right to make the revised or changed Notice effective for all PHI that it maintains. The Notice will prominently display its effective date.

V. Complaints

If you believe your rights have been violated, you may file a complaint with Wellness Place, 9403 Kenwood Rd. Suite B120 Blue Ash, OH 45242. You may also file a written complaint with the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board or the Secretary of the U.S. Department of Health and Human Services in Washington D.C.