

The Personal Wellness Center

6508 Deer Pointe Dr. Ste. 4C, Salisbury, Maryland 21804
Telephone: 410-742-6016

Notice of Privacy Practices: Our Responsibilities Your Information Your Rights.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** The Personal Wellness Center is committed to maintaining the privacy of your health information as part of providing professional health care for you. HIPAA law requires that we keep your information private.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

You have the right to:

- Get a copy of your paper or electronic medical record. However, therapy notes are exempt from this HIPAA requirement. Your request will be honored at the discretion of your therapist. We can provide a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your paper or electronic medical record that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communication. You can 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 say “yes” to all reasonable requests.
- To ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- To ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone 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 health information. We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you believe your privacy rights have been violated. You can complain if you feel we have violated your rights by contacting our office clinical director. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Notice of Privacy Practices Continued

You have some choices in the way that we use and share information

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care and share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission: Marketing purpose or sell your information.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you. We can use your health information and share it with other professionals who are treating you.
- Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for services received. We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- Help with public health and safety issues.
- Do research
- Comply with the law
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of this Notice: January 1, 2013 **HIPAA Compliance Director:** Veronica Correa, LCSW-C 410-742-4032
veronica@thepersonalwellnesscenter.com

I acknowledge that I have read this HIPAA information

Client name: _____ **DOB** _____

Guardian name: _____

Client/Guardian signature _____ **Date** _____