



## **HIPAA NOTICE OF PRIVACY PRACTICE**

Policy Effective: December 4, 2021

### **THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by standardizing codes and procedures. One part of this law is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule created a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that we give to you a Notice of Privacy Practices (NPP) which describes your rights and protections regarding your health care records (PHI).

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this Notice are available from our providers, by mail, by email or by accessing our website at <http://www.wellhomepsy.com/>

Our commitment to your privacy: Our practice is dedicated to maintaining the privacy of your health information while upholding the law and all ethical standards of practice in maintaining confidentiality.

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

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions: PHI refers to information in your health record that could identify you.

#### **II. Other Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Protected Health Information (PHI).

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already acted on that authorization; (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy; and (3) if this was a Court Ordered Referral or other third party referral in which you are not legally defined as the client.

#### **III. Uses and Disclosures without Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse-** If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, or it comes to our attention that minors are in danger of abuse we must report this belief to the appropriate authorities.
- **Adult and Elder Abuse-** If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- **Health Oversight Activities-** We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- **Serious Threat to Health or Safety-** If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we

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- may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

**Patient's Rights:**

- Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are 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 us. On your request, we 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, we will discuss with you the details of the request for access 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. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting of Disclosures- You generally have the right to receive an accounting of disclosures of PHI. On your request, we 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 from me upon request even if you have agreed to receive the notice electronically.

**Provider's Duties:**

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We will limit the uses or disclosures that we will make as defined by Indiana law and as advised by the American Counseling Association. We reserve the right to change the privacy policies and practices described in this notice. If we revise any policies and procedures, we will notify you.

**V. Complaints**

If you are concerned that we have violated your privacy rights or disagree with a decision we have made about access to your records, you may contact us by phone at 219-802-6262; by email [info@wellhomepsy.com](mailto:info@wellhomepsy.com); or by writing to 417 W. 81<sup>st</sup> Avenue #132, Merrillville, IN 46410. The law also provides that you may file a complaint with the U.S. Department of Health and Human Services. Instructions for the process can be found at <https://www.hhs.gov/hipaa/complaint>.

**VI. Acknowledgement**

I hereby acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices of WellHome Psychology, PC.

\_\_\_\_\_  
(Client's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Client's Printed Name)