

# Clarity & Wellness Psychiatry, LLC

## Notice of Privacy Practices

If you have any questions about this notice, please contact the Practice Privacy Official at [caresupport@wellandclear.com](mailto:caresupport@wellandclear.com).

Effective Date: November 1, 2023

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.

Clarity & Wellness Psychiatry, LLC is the owner of the website and all of its contents. Owner and operator of this website is Clarity & Wellness Psychiatry, LLC ("Clarity & Wellness"). We at Clarity & Wellness Psychiatry, LLC are aware that many website visitors are concerned about the information they give us or that we may gather about them and how we will handle that information. We created this Clarity & Wellness Psychiatry, LLC Website Privacy Statement to allay any worries.

## Information Collection Methods

Both non-personal information and personally identifiable information may be gathered by Clarity & Wellness. Information that can be used to specifically identify a consumer includes things like name, address, phone number, and email address. You are not required to give us this information in order to access or see our website or its content. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the practice, whether made by practice personnel, agents of the practice, or your personal provider. Your personal provider may have different policies or notices regarding the provider's use and disclosure of your health information created in the provider's office or clinic. We may gather Personal Health Information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") if you freely request a referral for services. Non-personal information includes data on the number of website visitors, the pages they view, the files they download, the operating system and browser they use, the name of their internet service provider (such as MSN), and other data of this broader nature. Visit our website, and we'll immediately gather non-personal information and mix it with data similarly gathered about all other website users. By gathering this data, we can better understand how to design our website to satisfy the requirements and preferences of our clients and site users.

## Our responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will abide by the terms of this notice.

### **Uses and Disclosures**

Below is how we may use and disclose health information about you.

The following categories describe examples of the way we use and disclose health information:

**For treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, nursing students, or other practice personnel who are involved in taking care of you at the practice. Different departments of the practice also may share health information about you in order to coordinate the different things you may need, such as prescriptions and lab work.

**For payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your insurance company information about your visit so they will pay us for services provided. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it. We may also use and disclose health information:

- **To remind you that you have an appointment for medical care;**
- **To assess your satisfaction with our services;**
- **To tell you about possible treatment alternatives;**
- **To tell you about health-related benefits or services;**
- **To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable.**

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

**Individuals involved in your care or payment for your care and/or notification purposes:**

We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or 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 and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

**Organized health care arrangement:**

This practice and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Providers and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Health information exchange/regional health information organization:**

Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

**As required by law, we may disclose information when required to do so by law.**

**Law enforcement:** We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

**For judicial or administrative proceedings:** We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

**Authorization required:** We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

**State-specific requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

**Your Rights:**

- You have the right to inspect and receive copies of your medical information.

- You can request that we amend your medical information if you believe it is incorrect.
- You may request restriction on how your medical information is used or disclosed.
- You have the right to an accounting of disclosures.
- You have the right to an accounting of disclosures.
- You can request that your medical information be communicated in a specific way or at a specific location.
- You have the right to a paper copy of Notice upon request.

**Complaints:**

If you believe your privacy rights have been violated, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Other uses of health information:**

Only with your written consent will we make any other uses or disclosures of your health information that are not covered by this notice or the laws that govern us. You have the right to revoke our permission to use or disclose your health information at any time by notifying us in writing. In the event that you revoke your consent, we shall no longer use or disclose your health information for the purposes specified in your written authorization. You recognize that we are obligated to keep our records of the treatment we gave you and that we are unable to undo any disclosures we have previously made with your consent.

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