**Diversified Health and Wellness Center**

**NOTICE OF PRIVACY PRACTICES**

*Effective Date*: *January 1, 2020*

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.

**OUR PLEDGE TO PROTECT YOUR PRIVACY**

**AND TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

Health information about you is personal, and we are committed to protecting the privacy of your information. By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by Paula Heller that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. Paula Heller is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within the practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we will always legally required to follow the privacy practices described in this Notice.

Paula Heller reserves the right to change the privacy practices and the terms of this Notice at any time as permitted by law. Any changes will apply to PHI already on file.. Before Paula Heller makes important changes to the privacy practices and policies, we will change this Notice and make the new Notice available in our waiting room or upon request.

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

Paula Heller may use or disclose your protected health information (PHI), for treatment, payment, and health care operations 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 Paula Heller provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another therapist.
  + Payment is when Paula Heller obtains reimbursement for your healthcare. Examples of payment are when Paula Heller discloses your PHI to obtain reimbursement for your health care (this might include efforts to collect past due payments).
  + Health Care Operations are activities that relate to the performance and operation of Lotus Counseling 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 such as sharing, employing, applying, utilizing, analyzing information that identifies you.
* “Disclosure” applies to activities such as releasing, transferring, or providing access to information about you to other parties.

1. **Uses and Disclosures Requiring Authorization**

Paula Heller may use or disclose PHI for purposes outside of treatment, payment, or 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 Paula Heller is asked for information for purposes outside of treatment, payment or health care operations, Paula Heller will obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which they have kept separate from the rest of your healthcare 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) Paula Heller has relied on that authorization; or (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.

1. **Uses and Disclosures with Neither Consent nor Authorization**

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

* Child Abuse - If there is reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if we observe a child being subjected to conditions which would reasonably result in abuse or neglect, we must immediately report such information to the Missouri Division of Family Services. We must also report sexual abuse or molestation of a child under 18 years of age to Family Services. We may also report child abuse or neglect to a law enforcement agency or juvenile office.
* Adult and Domestic Abuse - If there is reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, we must report such information to the Missouri Department of Social Services.
  + “Eligible Adult” means any person 60 years of age or older, or an adult with a handicap (Substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.
* Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and will not release information without written authorization from you or your personal or legally-appointed representative, or a court order.
* Serious Threat to Health or Safety - If judged that disclosure is necessary to protect against a clear and substantial risk of foreseeably serious harm being inflicted by you on yourself or another person, we must disclose your relevant confidential information to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.
* Workers’ Compensation - If you file a worker’s compensation claim, you must permit your record to be copied by the Missouri Labor and Industrial Commission or the Division of Worker’s Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you and any other party to the proceedings.

1. **Client’s Rights and Therapist’s Duties**

Client’s Rights:

1. Right to Request Restrictions - you have the right to request restrictions on certain uses and disclosures of protected health information. However, Paula Heller is not required to agree to a restriction you request.
2. 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.
3. Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records used to make decisions about you or as long as the PHI is maintained in the record. Access may be denied to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Paula Heller will discuss with you the details of the request and denial process.
4. Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Request may be denied. On your request, Paula Heller will discuss with you the details of the amendment process.
5. Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI. On your request, Paula Heller will discuss with you the details of the accounting process.
6. Right to a Paper Copy - You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Therapist’s Duties:

1. Paula Heller is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
2. Paula Heller reserves the right to change the privacy policies and practices described in this notice. Unless you are notified you of such changes, however, Paula Heller is required to abide by the terms currently in effect.
3. If Paula Heller revises the policies and procedures, we will provide you with a revised notice and explanation in person if you are a current client or by email if the changes will affect your PHI.
4. **Complaints**

If you are concerned that Paula Heller has violated your privacy rights, or you disagree with a decision made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

**Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on January 1, 2020. Paula Heller will limit the uses or disclosures that we will make as follows: Paula Heller will only release the minimal amount of information necessary for the purpose of the release. Paula Heller reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. Paula Heller will provide you with a revised notice in person if you are a current client or by email if the changes will affect your PHI.

1. **Notification of Breaches**

The acquisition, access, use or disclosure of PHI in violation of the privacy rules is presumed to be a reportable breach unless Paula Heller demonstrates that there is a low probability that the [PHI] has been compromised based on a risk assessment of at least the following factors:

1. The nature and extent of the [PHI] involved…;
2. The unauthorized person who used the [PHI] or to whom the disclosure was made;
3. Whether the [PHI] was actually acquired or viewed; and
4. The extent to which the risk to the [PHI] has been mitigated.

In the case of a breach, Paula Heller is required to notify each affected individual whose unsecured PHI has been compromised based on the risk assessment.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_