



HIPAA Notice of Privacy Practices

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

Effective Date: Jan 1, 2019

NWDC only releases information in accordance with state and federal laws and the ethics of the counselling profession. This notice describes our policies related to the use and disclosure of the client's healthcare information.

“Uses and disclosure of protected health information for the purposes of providing services: Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.”

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you *with your permission*. This may include consultants, referrals, or others who provide, manage, or coordinate your care.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. This may include verifying insurance and coverage and processing claims/ collecting fees.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. This includes review of treatment procedures, reviewing business activities, certification, staff training, and compliance and licensing activities.

Research--We can use or share your information for mental health research with your consent.

Uses and Disclosures Without Your Consent

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 must 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.

- Mandated Reporting—We are required, by law, to report to the proper authorities if we believe you are in danger or are a danger to others.
- Emergencies
- Criminal Damage
- Appointment scheduling
- Treatment Alternatives
- As Required by law—This may include compliance with the Department of Health and Human Services; federal, state, or local law enforcement; or subpoena.

In the following cases, we never share your information unless you give us written consent:

- Marketing purposes
- Most sharing of psychotherapy notes unless requested for legal purpose or for preventing harm of yourself or others.



HIPAA Notice of Client Rights

When it comes to your health information, you have certain rights. This section explains your rights under state law.

Right to request where we contact you

- You may let us know how you would like to be contacted, whether at home, work, cellphone, etc.

Right to release your client records

- Written authorization to release records to others
- Right to revoke the release in writing

Right to inspect or get a copy of your client or billing record

- You can ask to see or get an electronic or paper copy of your records.
- Counselor may deny this request in some cases
- We may charge a reasonable, cost-based fee for copying and/or mailing (etc.) records.

Right to ask us to correct your client record

- You can ask us to correct health information about you that you think is incorrect or incomplete, in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- If your request is denied, you have the right to file a disagreement statement, which will be filed in your record.

Right of accounting of disclosures

- You can ask for a list (accounting) of the times we’ve shared your health information for up to 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 or were made for national security or law enforcement purposes). You will be charged a reasonable, cost-based fee for a list of disclosures.

Right to ask us to limit what we use or share

- These requests must be in writing
- You can 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.

Right to file a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us in writing.
- If you are not satisfied with our response, you can 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.

Get a copy of our privacy notice

- You can 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.

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

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.

Questions:

If you have any questions or concerns regarding this Privacy Notice, please contact our Privacy Officer, Jessica Baker at jessica@nwdyslexia.com.