

## **HIPAA NOTICE OF PROVIDER PRIVACY PRACTICES**

**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 Wellness Center & Affiliates must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your medical record. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. Your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised notice.

### **Uses and Disclosures**

We can use your health information for the following purposes:

#### **Treatment**

Our clinicians may review your medical record to determine which treatment best addresses your health care needs. For example: Patients with chronic sore throat; the clinician may review your chart to determine your treatment, medication or surgery.

#### **Payment**

In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis and the treatment provided to you. This requires that we pass this information to an insurer in order to receive payment for your medical bills. For example: We will submit to your insurer your name, date of birth, address, social security number, diagnosis and treatment received to receive payment for services you receive.

#### **Health Care Operations**

We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. For example: our clinicians review patient charts to determine the most effective, cost efficient treatment for specific diagnoses.

In addition, for appointment reminders, we may look at your medical record to determine the date and time of your next appointment with us and communicate to you this information. We may also look at your medical information and decide that another treatment or new service we offer might interest you. For example: we may contact patients with tobacco use disorder to notify them that we have a tobacco use cessation program.

Without your authorization, we can use your health information for the following purposes:

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*As required or permitted by law.* Sometimes we are required to report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example: We may have to report abuse, neglect, domestic violence or certain physical injuries or respond to a court order.

*For public health activities:* We may be required to report your health information to authorities to help prevent or control disease, injury or disability. This may include records pertaining to certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child neglect or abuse. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety. For example: Should you develop a contagious disease, such as measles, we may need to notify the proper officials.

*For health oversight activities:* We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline, or license those who work in the health care system or for government benefit programs.

*For activities related to death.* We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directories, to carry out funeral preparation activities.

*To avoid a serious threat to health or safety.* As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

*For military, national security, or incarnation/law enforcement custody.* If you are involved with the military, national security, or intelligence activities, you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

*To those involved with your care or payment of your care.* If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release specific health information (your location and general condition) to those people. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. We may also release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

*Workers' Compensation.* We may disclose protected health information (PHI) as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

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*Disclosures Required by HIPAA Privacy Rule.* We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting or certain disclosures of PHI about you.

*Incidental Disclosures.* We may use or disclose PHI incident to a use or disclosure permitted by HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

*Limited Data Set Disclosures.* We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operation purposes. The person receiving this information must sign an agreement to protect the information.

NOTE: Except for the situations listed above, we must obtain your written authorization for any other release of your health information. An authorization is different from consent, the primary difference is that unlike with consents, a provider must treat you even if you do not wish to sign an authorization form. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to HIPAA Privacy Officer.

### **Your Health Information Rights**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the HIPAA Privacy Officer, you have the right to:

*Inspect and copy your health information.* With few exceptions, you have the right to inspect and obtain a copy of your health information. For example, this does not apply to psychotherapy notes, or information compiled for judicial proceedings. We may charge a fee for a copy of your health information.

*Request to amend your health information.* If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make this request in writing and give a reason as to why the information should be changed. However, if we did not create the health information that you believe to be incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

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*Request restrictions on certain uses and disclosures.* You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may wish to limit the health information provided to family or friends involved in your care or payment of medical bills. You may want to limit the health information provided to authorities involved with disaster relief efforts. We are not required to agree to a requested restriction.

If you receive certain medical devices (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purposes of tracking the medical device.

*As applicable, receive confidential communication of health information.* You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special private room or through a written letter sent to a private address. We must accommodate reasonable requests.

*Receive a record of disclosures of your health information.* In some instances, you have the right to ask for a list of the disclosures of your health information we have made for the previous six years, the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30 day extension, and we may not charge you for the list, unless you request such list more than once per year. Disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.

*Obtain a paper copy of this notice.* Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.

*Complain.* If you believe your privacy rights have been violated, you may file a complaint with us and with the Federal Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with either entity, please contact the HIPAA Privacy Officer, who will provide the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Privacy Officer at 402-488-6760

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## Risks to Your Confidentiality with Email and Texting Disclosure

### **Disclosure Regarding Third-Party Access to Communications**

*Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.*

*Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.*

### **Regarding Email**

1. Technical experts often describe email as being like a postcard, in that it can be viewed by all hands it passes through. Are you familiar with the risks of emails being viewed by various engineers, administrators, and bad actors as it passes through the Internet?
2. Think about where you read and write emails, and what devices you do that on. Think about who can see you reading and writing emails in these places, and who can access the devices you use to read and write emails. Would there be any negative consequences to any of those people reading or glancing at emails exchanged with your therapist? Are there certain kinds of email contents that you would feel safe letting these people see and other kinds of contents you would not feel safe letting them see? Let your therapist know the answers to these questions if you wish to use email with him or her.
3. Think about which email address(es) you might use with your therapist. Who has access to each address? If you use a work email address, know that your employer may legally view all the emails you send receive with that address. Be aware that engineers and administrators at your email service provider may be able to view your emails.

### **Regarding Texting**

1. Text messages are often sent using the Internet, even though they are usually a part of one's phone service. Are you familiar with the risks of texts being viewed by various engineers, administrators, and bad actors as it passes through the Internet?
2. Are you aware that text messages wait on phone company computers until they are retrieved, and may remain there indefinitely? Can you imagine any negative consequences if engineers, administrators, or law enforcement personnel viewed these stored texts from or to your therapist?
3. Think about where you read and write text messages, and what devices you do that on. Think about who can see you reading and writing texts in these places, and who can access the devices you use to read and write texts. Would there be any negative consequences to any of those people reading or glancing at texts exchanged with your therapist? Are there certain kinds of text contents that you

would feel safe letting these people see and other kinds of contents you would not feel safe letting them see? Let your therapist know the answers to these questions if you wish to use texting with him or her.

*Receipts for payments and appointment reminders received via email and text are subject to the same exposures, and reveal association with therapeutic care. Consider who could have access to these messages and what information could be deducted from this.*

*SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS text as your sole method of communicating with emergencies or timely matters.*

**Note:** *If you have concerns about either texting or email confidentiality, please mention your concerns to your therapist. Feel free to ask your therapist what kind of phone they use when texting with clients as well as the type of security on their email account.*