



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

To What Health Information Does This Notice Apply? Protected Health Information is information that you provide to the Provider or that the Provider creates or receives about you and your health care and treatment, including but not limited to your name, age, race, sex, and other personal identifying information, information related to your physical or mental health in the past, present, or future, information related to your care, treatment, services, and information related to payment for your care, treatment, and services (herein, “Protected Health Information” or “PHI”).

Who Must Follow This Notice? The provider is required to comply with the privacy practices described in this Notice. The Provider reserves the right to change this Notice and to make any new practices effective for PHI the Provider already has and for PHI that the Provider receives in the future. Any changes made to this Notice will be posted at the Provider’s website: Therapycenterforwellness@gmail.com and made available to you at your next appointment.

Ways We Can Share Your PHI Without Your Written Permission: In certain situations, described below, the Provider requires your written permission to share your PHI, however, the Provider does not need any type of permission from you to share your PHI in the following circumstances:

- A. The Provider must share your PHI to provide that information to you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this Notice.
- B. Sharing Your PHI for Treatment, Payment and Health Care Operations. The Provider may share your PHI to provide “Treatment” obtain “Payment” for your Treatment, and/or perform our “Health Care Operations.” This is what these terms mean:
 - i. Treatment: The Provider may share your PHI to provide care and other services to you, for example, to provide a mental health evaluation. In addition, the provider may contact you to provide appointment reminders or information about treatment options.
 - ii. Payment: The Provider may disclose your PHI to receive payment for services that the provider provides to you. For example, the provider may share your PHI to request payment and receive payment from your health insurance company (“Payor”) and to confirm that your Payor will pay for services that the Provider provides to you. As another example, we may share your PHI with the person who told us is the primary responsible for paying for your Treatment, such as your spouse or parent.
 - iii. Health Care Operations: The Provider may share your PHI for our health care operations, which include management, care coordination, planning, and activities that are intended to improve the quality and lower the cost of our services.
- C. The Provider may share your PHI to Business Associates that perform functions on our behalf or provide the provider with services if the information is necessary for such functions or services. Our Business

Associates are required both by law and under contract with the Provider to protect the privacy of your PHI and are not allowed to share any information other than as required by law or specified in our contract.

- D. **Data Breach Notification Purposes.** The Provider may share your PHI to provide you with notice about the unauthorized acquisition, access, or disclosure of your PHI.
- E. **Public Health Activities.** The Provider is required or is permitted by law to report your PHI to certain government agencies and others. For example, the provider may share your PHI for the following:
 - i. To report to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
 - ii. As required in investigations by government bodies, including but not limited to licensing boards, health departments, and police;
 - iii. To report known or suspected abuse or neglect to the appropriate public child protective services agency;
 - iv. To report to your employer as required under laws addressing work related illnesses and injuries or workplace medical surveillance; and
 - v. To attempt to prevent or lessen a serious and imminent threat to a person for the public's health or safety or to certain government agencies with special functions such as the United States Department of State.
- F. **Health Oversight Activities.** The Provider may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicaid, are being followed.
- G. **Judicial and Administrative Proceedings.** The Provider may share your PHI in the course of a judicial or administrative proceeding, including but not limited to in response to a Court Order or other lawful process.
- H. **Law Enforcement Purposes.** The Provider may share your PHI with the police or other law enforcement officials as required or permitted by law, or in compliance with a Court Order or Warrant.
- I. **Decedents.** The Provider may share your PHI with a Coroner, funeral director, or Medical Examiner, as authorized by law.
- J. **Workers' Compensation.** The Provider may share your PHI as permitted by or required by State Law relating to workers' compensation or other similar programs.
- K. **As Otherwise Required By Law.** The Provider may share your PHI when required to do so by law, rule, or regulation not otherwise referred to above.

Uses and Disclosures of Your PHI Requiring Your Written Permission:

For any purpose other than the ones described above, the Provider may only share your PHI when you grant the Provider your written permission ("Authorization"). For example, you will need to give the Provider your Authorization to share your PHI with other people you identify, such as family members or friends.

Sharing Your Highly Confidential Information: Federal and State law requires special privacy protections for certain highly confidential information about you, which includes any portion of your health information that is (1) kept in psychotherapy notes, (2) about mental health and development disabilities services, (3) about alcohol and drug abuse prevention, Treatment and referral, (4) about HIV/AIDS testing, diagnosis, or Treatment, (5) about sexually transmitted disease (6) about genetic testing, (7) about child abuse and neglect, (8) about sexual assault, or (9) about in Vitro Fertilization (IVF)(Collectively, "Highly Confidential Information"). Before the provider shares any of your Highly Confidential Information for a purpose other than those permitted or required by the law, the Provider must obtain your Authorization.

Your Rights Regarding Your PHI: Although your record is the physical property of the Provider, you have the following rights:

You have the right to be informed of our privacy practices.

Our practices related to protecting the privacy of your PHI are described in the Notice. You have the right to a paper copy of this Notice. When you first become our client, the Provider will ask you to sign an Acknowledgment of Receipt of this Notice indicating that you have received a paper copy of this notice. You may also obtain a paper copy of this Notice anytime you visit.

A current version of this Notice can also be viewed on our website at therapycenterforwellness@gmail.com. Even if you have access to this Notice electronically, you are still entitled to a paper copy.

Submit your written request for a paper copy of this Notice to the Provider at 4511 Miller Rd. Flint, MI 48507.

You have the right to request access to your PHI.

You have the right to inspect and/or obtain your PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. In some cases, you may receive a summary.

To inspect and/or obtain a copy of your PHI, you must submit a written request to the Provider at 4511 Miller Rd. Flint, MI 48507. The Provider may charge a reasonable fee for any copies.

In certain circumstances, the provider may deny your request to inspect and/or copy. For example, you may not inspect and/or receive a copy of (i) psychotherapy notes, (ii) information collected for use in a civil, criminal, or administrative action, and/or (iii) certain PHI that is otherwise collected by law. If you are denied access to your PHI, you may request that the denial be reviewed. Please call the Provider at 810-228-4300 if you have further questions.

You have the right to request that the Provider disclose your PHI to others.

If you would like specific items of your PHI to be sent to someone else (for example to an attorney or to your employer), you must complete and sign our Authorization to Disclose Information Form. The Provider may charge a reasonable fee for any copies.

The Authorization to Disclose Information form is available at 4511 Miller Rd. Flint MI 48507.

When the provider receives your completed Authorization to Disclose Information form, the Provider cannot and does not guarantee that the person to whom the information is provided will not disclose the information.

You may revoke your Authorization to Disclose Information form at any time, in writing, by mailing your revocation request to the provider at 4511 Miller Rd. Flint, MI 48507. Your revocation is effective upon our receipt, except if the Provider has already acted based on your Authorization to Disclose Information form.

You have the right to request that the provider correct your PHI.

You have the right to ask the provider to correct PHI the Provider maintains about you if you believe the PHI is inaccurate or incomplete. Your request must be in writing and provide the reasons for the requested correction. The Provider will review your request and either make the correction or let you know why the Provider thinks our information is accurate and/or complete. If the Provider denies your request, you may give the provider a written statement disagreeing with our decision that the Provider will keep with your PHI.

To request a correction to your PHI, mail your request to the provider at 4511 Miller Rd. Flint, MI 48507.

You have the right to request that the Provider communicate with you in a certain way or at other locations.

You have the right to request that the Provider communicates with you about your health in a certain way or at a certain location. For example, you may ask that the Provider contact you at work or by US Mail. The Provider will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to the provider at 4511 Miller Rd. Flint, MI 48507.

You have the right to request restrictions or limitations on the sharing of your PHI.

You have the right to request restrictions or limitations on the sharing of your PHI. The Provider is not required to agree with your request, except that the provider must agree to any request you make to restrict disclosure of specific information to your Payor, if you completely pay for the health services you request not be disclosed out of your own pocket.

You have the right to request that the Provider restricts disclosures of PHI to your family members or to others who are involved in your health care or payment for your health care. While the provider will try to honor your request, the Provider is not required to agree to any such request.

Requests for restriction or limitation on the sharing of your PHI must be in writing and sent to the provider at 4511 Miller Rd. Flint, MI 48507. If the provider does not agree, the Provider will notify you. If the Provider does agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to request an accounting of disclosures.

You have the right to request an accounting of disclosures made during the 6 years prior to your request.

An accounting of disclosures shall not include any disclosures made (i) prior to April 14, 2003, (ii) for Treatment, Payment, and/or health Care operations, (iii) to you or pursuant to any authorization given by you, (iv) to correctional institutions or law enforcement officials, and (v) other disclosures for which federal law does not require the Provider to provide an accounting.

A request for an accounting of disclosures must be in writing and sent to the provider at 4511 Miller Rd. Flint, MI 48507.

You have the right to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with the Provider at 4511 Miller Rd. Flint, MI 48507. You may also notify the secretary of the U.S. Department of health and Human Services at the following address:

Celeste Davis, Regional Manager
Office for Civil Rights U.S. Department of health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX (312)886-1807
TDD (800) 537-7697

The Provider will not retaliate against you for filing a complaint.

You have the right to express concerns or to ask questions.

If you have any concerns about the privacy of your PHI or if you have questions about this Notice, please contact the Privacy Officer at the Provider's address at 4511 Miller Rd. Flint, MI 48507