

## HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how health information about you may be used and disclosed, and how you can get access to this information.

This Notice describes:

1. Your Information
2. Your Rights and Choices
3. Our Responsibilities, Uses and Disclosures

*PLEASE REVIEW THIS NOTICE CAREFULLY.*

### TYPE OF HEALTH INFORMATION WE COLLECT FROM AND CREATE ABOUT YOU

When you receive treatment from **Whole Child Therapy, Inc.**, we will obtain and/or create health information about you. Health information includes any information that relates to:

1. Your past, present, or future physical or mental health or condition;
2. The health care provided to you; and
3. The past, present, or future payment for your health care.

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record:**

- You can view, get a copy of or get a summary of the health information that we have about you.
- We may take up to 15 business days after receiving your request for your health information or summary to provide them to you; you may have to pay a reasonable, cost-based fee to cover the expense of making copies.
- There are some reasons why we will not let you see or get a copy of your health information, if we deny your request we will tell you why. You can appeal our decision in some situations.

#### **Ask us to correct your medical record:**

- You can ask us to correct information in your records if you think the information is incorrect. We may say “no” to your request, but we will tell you why in writing.
- We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information.

#### **Request confidential communications:**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a specific address.

#### **Ask us what to limit what we use or share:**

- You can ask us to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it.
- If we do agree, we will put the agreement in writing and follow it, except in case of emergency.

- We cannot agree to limit the uses or sharing of information that are required by law.

**Get a list of those with whom we've shared information:**

- You can get a list of when we have given health information about you to other people in the last three years.
- The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission.
- There will be no charge for one list per year.

**Get a copy of this privacy notice:**

- You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a copy promptly.

**Choose someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:**

You can complain if you feel we have violated your rights by contacting the U.S. Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## OUR RESPONSIBILITIES

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

### PROTECT THE PRIVACY AND SECURITY OF YOUR HEALTH INFORMATION

The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.

### REQUEST FOR YOUR PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

We will ASK you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to **Whole Child Therapy, Inc.**, providing the date and purpose of the permission and saying that you want to revoke it.

### GIVE YOU NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES AND FOLLOW IT

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facilities and in our system. The new notice will apply to all health information we have, no matter when we got or created the information.

Our employees are required as part of their jobs and by law to protect the privacy of your health information. We do not let our employees see your health information unless they need it as part of their jobs. We will punish employees who do not protect the privacy of your health information.

- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2.

## OUR USES AND DISCLOSURES

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

### Treat you (Treatment):

We can use or disclose your health information to provide, coordinate, or manage healthcare or related services. This includes providing care to you. **With your written permission**, we may consult with another health care provider about you, and refer you to another health care provider.

### Run our organization (Operations)

We can also use or disclose your health information for health care operations:

- Activities to improve health care, evaluating programs, and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, performance of health care professionals and others;
- Conducting training programs and resolving internal grievances;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions. Engaging in business planning and management or general administration.

**Bill for your services (Payment):**

- With your written permission, we can use or disclose your health information to obtain payment for providing health care to you under a health plan.

**WHAT ELSE WE CAN DO WITH YOUR INFORMATION**

We are allowed or required to share your information in other ways. Usually it is in ways that serve the public good, such as public health, public safety and research. Unless you are receiving treatment for alcohol or drug abuse, the *Whole Child Therapy, Inc.*, is permitted to use or disclose your health information also without your permission for the following purposes:

**When required by law:**

- We may use or disclose your health information as required by state or federal law.

**To report suspected child abuse or neglect:**

- We may disclose your health information to a government authority if necessary to report abuse or neglect of a child.

**To address a serious threat to health or safety:**

- We may use or disclose your health information to medical or law enforcement personnel if you or others who are in danger and the information is necessary to prevent physical harm

**Report to a government authority if we think that you are a victim of abuse:**

- We may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.

**To Disability Rights California:**

- We may disclose your health information to Disability Rights California in accordance with federal law, to investigate a complaint by you or on your behalf.

**For public health and health oversight activities:**

- We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.

**To comply with legal requirements:**

- We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.

**Reporting death:**

- If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

**To a correctional institution:**

- If you are in the custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you.

**For government benefit programs:**

- We may use or disclose your health information as needed to operate a government benefit program.

**To your legally authorized representative:**

- We may share your health information with a person appointed by a court to represent your interests.

**Judicial and Administrative Proceedings:**

We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:

- Commitment proceedings for involuntary commitment for court-ordered treatment or services
- Court-ordered examinations for a mental or emotional condition or disorder
- Proceedings regarding abuse or neglect of a resident of an institution
- License revocation proceedings against a doctor or other professional

**To the U.S. Department of Health and Human Services:**

- We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

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