



## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND GIVEN OUT. IT ALSO EXPLAINS HOW YOU COULD GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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**WHWC** respects your privacy. We understand that your personal health information is very sensitive. We will not give out your information to others unless you tell us to, or unless the law allows or requires us to do so.

We are required by law to keep your protected health information (PHI) private, to give you this Notice, and follow the terms of this Notice. We also have the right to change our practices. If we make changes to this Notice, you will receive the updated Notice upon your next visit. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site at [www.williamsonhealthwellness.com](http://www.williamsonhealthwellness.com).

PHI is any information that includes your personal information, as well as health and billing information. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **I. USING AND RELEASING PROTECTED HEALTH INFORMATION**

**A. Without Your Written Permission.** We have the right to use and share your health information for the following reasons:

1. **Treatment:** Information obtained by a nurse, physician, or other member of our health care team, recorded in your medical record, may be used to help decide your future care. We may also share information to others providing you care. This will help them stay informed about your care.

2. **Payment:** We request payment from your health insurance plan. Health plans need information from us about your medical care. Information shared with health plans may include your diagnoses, procedures performed, or future recommended care.

3. **Health Care Operations:** We may use and share PHI for our health care operations, such as quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.

4. **Required or Permitted by Law:** We may share PHI when we are required or permitted to do so by law. For example, we may release PHI to proper authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence. We may also share PHI necessary to stop a serious threat to the health or safety of you or others. Other releases could include: public health activities; requests from state or federal agencies; law enforcement; court order or other lawful process; approved research; workers' compensation claims; military or national security agencies, coroners, medical examiners, and correctional institutions.

### **B. Without Your Permission, And You May Object.**

1. **Fundraising:** We may use PHI to contact you in an effort to raise money for our operations. We may also release PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising communications with you will include a description of how you may opt out of receiving any further fundraising communications

2. **Family and Other Persons Involved in Your Care.** Unless you object, we may share your PHI with a family member, relative, close friend, or any other person you identify is involved in your medical care. We may share information to notify the person of your location general condition or payment related to your care.

3. **Disaster Relief Efforts.** We may share your protected PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for coordinating notification of family members of your location, general condition, or death.

### C. Needs Your Written Permission.

1. **Psychotherapy Notes.** We must get your permission to use or release psychotherapy notes, unless the psychotherapy notes are:

- (1) By the creator of the psychotherapy notes for treatment purposes,
- (2) For our own training programs in which mental health students, trainees or practitioners learn to improve their counseling skills,
- (3) To defend ourselves in a legal proceeding initiated by you,
- (4) To a health oversight agency for oversight of the creator of the psychotherapy notes,
- (5) To a coroner or medical examiner; or
- (6) To prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

2. **Minors.** We will follow West Virginia State law when using or sharing PHI of minors. Minors who receive health care services related to HIV/AIDS; STDs, mental health treatment, alcohol/drug testing, and treatment or reproductive health may request that another person receive that information on their behalf. If the minor does not give permission in writing to anyone, we will only release that information to the minor.

3. **Marketing Communications: Sale of PHI.** We must have your written permission before using or sharing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA.

**Other Uses and Releases.** Any requests for information besides those described in this Notice will need your written permission. For example, you will need to sign a permission form before we can send PHI to your life insurance company or to your attorney. You may revoke your permission at any time by providing us with written request.

### II. YOUR INDIVIDUAL RIGHTS

A. **Right to Inspect and Copy.** You may request to see your medical records billing records in order to inspect and/or request copies of the records. All requests to view records must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the cost of copying and sending records you request.

B. **Right to Alternative Communications.** You may request in writing to receive PHI by alternative means of communication or at alternative locations.

C. **Right to Request Restrictions.** You have the right to limit PHI we use or share for treatment, payment, or health care operations. You must request limitations in writing addressed to **Vicki Johnson, HIPAA Privacy Officer**. We are not required to agree to limitations you request, **unless** your request is to limit releasing PHI to a health plan for payment or health care operations and that PHI directly relates to a health care item or service that you or another person or entity on your behalf paid in full.

D. **Right to Accounting of Releases.** You may request in writing an accounting of releases of PHI made by us in the last six years, subject to certain restrictions and limitations.

E. **Right to Request Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to **Vicki Johnson, HIPAA Privacy Officer, at (304)236-5902 ext. 104** at any time

G. **Right to Receive Notification of a Breach.** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

H. **Questions and Complaints.** If you have questions about your privacy rights, or are concerned that we have violated your privacy rights, you may contact **Vicki Johnson, HIPAA Privacy Officer, at (304) 236-5902 ext. 104**. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

### III. EFFECTIVE DATE

A. **Effective Date.** This Notice is effective on **March 1, 2016**.