



## **Notice of Privacy Practices and Client Rights**

*This notice describes how mental health information about you may be used and disclosed and how you can get access to that information. Please review it carefully.*

Effective date of this notice is January 1, 2010

### **Our Legal Duty**

HIPAA (Health Insurance Portability and Accountability Act of 1996) is a federal law that requires us to

- Maintain the privacy of your Protected Health Information
- Give you the notice of our legal duties and privacy practices
- Give you notice of your rights regarding healthcare information

### **Privacy Practice**

Uses and Disclosure of Health Information

1. Routine Purposes- you will sign a consent form at the beginning of therapy for us to use and disclose your information for:
  - i. Treatment- consultation with your other healthcare providers when needed
  - ii. Payment-arranging to either bill you or an insurance company
  - iii. Operations-other business functions including scheduling, message taking, appointment reminders, treatment alternatives, and other benefits and services.
2. Requiring Authorization- Any other disclosures of your information will require you to sign a separate authorization form. (i.e. teachers, family, probation officers)
3. Mandatory-There are some federal, state, and local laws that require us to disclose you protected health information without your consent.
  - i. Suspected child or elder abuse/neglect
  - ii. Court-ordered subpoena
  - iii. Suspected harm to self or others
  - iv. Government Functions-agencies that ensure we are maintaining privacy laws
  - v. Law enforcement issues or for national security

### **Client Rights**

To exercise these rights, please submit your request in writing to Claire Maurer, privacy officer.

1. Access- you have the right to review or get copies of your PHI
2. Disclosure Accounting-a record of the non routine disclosures will be kept and you have a right to receive a list of these.
3. Restrictions- You have the right to request additional restrictions on disclosure of use of your PHI for treatment, payment and operations. We do not have to agree to this request.
4. Amendment- You have the right to request we amend your healthcare information if you believe it is incomplete or incorrect. We do not have to agree to this request.
5. Paper Copy of this Notice.
6. Confidential Communications- You have the right to request that we communicate confidential matters to you in a certain way or a certain location.
7. Questions or Complaints- You have the right to ask questions, get information or make complaints. If you have any questions or concerns regarding privacy policies, please talk to your therapist. You may also make complaint to the Secretary of Health and Human Services, 200 Independence Ave., Washington D.C., 20201. No retaliation will take place in any capacity.

**Acknowledgement of Receipt of Notice of Privacy Practices**

By signing this document, I acknowledge that I have received a copy of the  
Privacy Practices for The Wellness Collective.

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Patient Name

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Date

Or

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Signature of Guardian

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Date