

Notice of Privacy Practices

Cleveland Health and Wellness Center

(216) 777-8834

NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

This Notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review the Notice carefully. If you have any questions about this Notice, please contact Privacy Officer Megan Coe at 216-777-8834 or info@chawc.org. As used in this Notice, the words "we," "our," and "us" collectively refer to Cleveland Health and Wellness Center.

Effective 6, April, 2016

Our Pledge Regarding Health Information

We understand that health information about you and your health care is personal. We are committed to protecting health information about you and only release information in accordance with state and federal laws and the ethics of the counseling profession.

We create a record of the care and services you receive from us. This record allows us to provide you with quality care and to comply with certain legal requirements. This Notice describes our policies related to the use and disclosure of your healthcare information, and it applies to all records of your care generated by our practice.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information kept about you and certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request both in our office and on our website.

How We May Use and Disclose Health Information About You

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

Federal privacy rules (regulations) allow health care providers who have direct treatment relationships with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization in order to:

- Carry out the health care provider's own treatment, and we may disclose your PHI for the treatment activities of any health care provider. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI in order to assist the clinician in diagnosis and treatment of your mental health condition.
- Request payment from you or your insurance company for services.
- Comply with a lawsuit or dispute. If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Certain Uses and Disclosures Require Your Authorization

Psychotherapy Notes. We keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For use in treating you.
- For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For use in a defense against legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. We will never use or disclose your PHI for marketing purposes.

Sale of PHI. We will never sell your PHI.

Certain Uses and Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, we may use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although we will attempt to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on our premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits we offer.

Certain Uses and Disclosures Require You to have the Opportunity to Object

We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

You Have The Following Rights With Respect To Your PHI

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask to not use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may deny the request if we believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How To Receive Your PHI. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send electronic mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information. We will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.

The Right to a List of the Disclosures of Your PHI. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request a correction or addition. We may deny the request, but we will tell you why in writing within 60 days.

The Right to receive an Electronic Copy of this Notice.

Complaints

You may complain to us or to the Secretary of Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Office at info@chawc.org. We will not retaliate against you for filing a complaint.

Non-Retaliation

Cleveland Health and Wellness Center will not retaliate against you for requesting access to your medical records, Notice of Privacy Practices, or any other HIPAA-related documents. Further, Cleveland Health and Wellness Center will not retaliate against you for filing or making us aware of any HIPAA complaints or grievances.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.