

## **HIPAA Notice of Privacy Practices**

**Date:** 1/01/2018

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY WESTERN MASS WELLNESS CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact: **Christine Bailey, Owner, fhwellness1@gmail.com, (413) 244-4660.**

### **OUR OBLIGATIONS:**

We are required by to:

- Maintain the privacy of protected health information.
- Give you this notice of our duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to Christine Bailey, Owner of Western Mass Wellness Center.

***For Treatment.*** We may use and disclose Health Information as necessary to complete your treatment and to provide you with treatment-related services. For example, practitioners at Western Mass Wellness Center may access information needed to complete your treatment.

***For Payment.*** We may use and disclose Health Information so that we, or billing agencies acting on our behalf, may bill and receive payment from you for the treatment and services you received.

***For Business Operational Purposes.*** We may use and disclose Health Information for business operation purposes, necessary to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality.

***Appointment Reminders, Treatment Options and Services.*** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options and services available that may be of interest to you.

***Minors.*** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

### **SPECIAL SITUATIONS:**

***As Required by Law.*** We will disclose Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Business Associates.*** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf, or

we may opt to store records digitally using a secure online service provided such service enhances the quality of our service to you. All of our business associates are obligated to protect the privacy of your information.

***Military and Veterans.*** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities.*** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Data Breach Notification Purposes.*** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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.

***Law Enforcement.*** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

***Coroners and Medical Examiners.*** We may release Health Information to a coroner or medical examiner if necessary. For example, this may be necessary to identify a deceased person or determine the cause of death if it occurred at or near our facility.

***National Security and Intelligence Activities.*** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to Western Mass Wellness Center's owner, Christine Bailey, and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

***Right to Inspect and Copy.*** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes session notes and billing records. To inspect and copy this Health Information, you must make your request in writing to Christine Bailey, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health-care professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

***Right to Get Notice of a Breach.*** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

***Right to Amend.*** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to Christine Bailey, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures we made of Health Information for purposes *other than* treatment, payment and business operations, or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing to Christine Bailey, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or business operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your treatment with your spouse. To request a restriction, you must make your request in writing to Christine Bailey, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about wellness matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to Christine Bailey, at Western Mass

Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a downloadable copy of this notice at our website, [www.westernmasswellness.com](http://www.westernmasswellness.com). To obtain a paper copy of this notice please contact Christine Bailey, (413) 244-4660, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030.

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top left-hand corner.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Christine Bailey, (413) 244-4660, at Western Mass Wellness Center, 567 Springfield Street, Feeding Hills, MA 01030. **You will not be penalized for filing a complaint.**