

Wyandot Counseling Associates (WCA) Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE DATE OF THIS NOTICE: 02/01/2018

Your rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of WCA's responsibilities to help you. You may exercise these rights by writing to our Privacy Officer at the address or email address provided at the end of this Notice.

Get a copy of your medical record: You can ask to see or get a copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. There are some situations where we may say "no" to your request, but we'll tell you why in writing within 30 days, and you may have the right to have this decision reviewed.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. We will respond to your request, usually within 60 days. There are some situations where we may say "no" to your request, but we'll tell you why in writing within 60 days and allow you to submit a written statement of disagreement.

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 different address. We will say "yes" to all reasonable requests. However, we may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information or it is needed to provide emergency treatment.

Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask (or a shorter time period that you request), who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will respond to your request, usually within 60 days.

Get a copy of this Notice of Privacy Practices: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper 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 us using the information on the last page of this Notice.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices 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.

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.

WCAs Uses and Disclosures of Your Health Information

Treatment, Payment and Health Care Operations

Payment: We can use and share your health information to obtain reimbursement from health plans or other entities for health care services, and determine your eligibility or coverage for such services.

Health Care Operations. We can use and share your health information to run and improve our health care services, conduct business planning and development activities, and contact you when necessary.

Reporting suspected abuse, neglect or domestic violence;

Preventing or reducing a serious threat to anyone's health or safety.

Comply with the Law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify that we are complying with HIPAA.

Work with a Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement and Other Government Requests. We can use or share health information about you:

For workers' compensation claims;

For law enforcement purposes or with a law enforcement official;

With health oversight agencies for activities authorized by law;

For special government functions such as military, national security and presidential protective services.

Respond to Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

WCA's Responsibilities

We are required by law to maintain the privacy and security of your health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, please visit
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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

Contact Privacy Official

If you have any questions regarding this Notice or WCA's use and disclosure of your health information, you may obtain additional information by writing to:

HIPAA Privacy Officer

102 S. Sandusky Ave.

Upper Sandusky, OH 43351

Email: office@wyandotcounseling.com