



Wellness Point Psychiatry Consultants

1024 E. Broad Street, Suite # 207
Mansfield, Texas 76063
Tel: (682) 518-3334 Fax: (682) 518-3323
www.wellnesspointpsychiatry.com

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW CAREFULLY

Understanding your health Record/ Information

This notice describes the practice of Wellness Point Psychiatry Consultants (hereinafter "WPPC") and that of its physicians/ practitioners with respect to your protected health information created while you are a patient at WPPC. We understand that medical information about you and your health is personal. WPPC providers and personnel authorized to have access to your medical chart are subject to this notice. In addition, we create a record of the care and services you receive at WPPC. We are committed to protecting medical information about you. This notice applies to all the records of your care at WPPC. You can request a paper copy of this notice, or any revised notice, at any time. This notice will tell you about the way in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

YOUR RIGHTS

You have certain rights under the Federal Privacy Standards. These include:

- You can request that we limit the way we use/share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if this would affect your care.
- The right to receive an electronic or paper copy of this notice. An exception would be separate psychotherapy process notes kept by the individual serving as a psychotherapist. These notes are not part of the medical record and cannot be released to anyone. There are certain reasons why you can be denied access to your health information, and if your request is denied, you must be provided the reason for denial. You are also entitled to a summary of your health information. Do not hesitate to ask us how to do this.
- 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.
- You can request a list of when we have given your health information concerning you to other people in the last six years
- The right to limit disclosure to family members, relatives or friends who may or may not be involved in your care. Restrictions must be submitted in writing to the person listed at the end of this document. 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.
- The right to request that we send communications concerning health information by alternative means or to an alternative location. The request must be submitted in writing to the person at the end of this document and we are required to accommodate only reasonable requests.
- The right to inspect and copy your protected health information that is within the designated record set. Texas law requires that request for copies are made in writing and we require requests for inspection to be made in writing. Texas law requires us to provide copies or a narrative within 15 business days from receipt of your proper request. If we deny access, we will inform you in writing. HIPAA permits us to charge a reasonable cost-based fee.
- The right to amend or submit corrections to your protected health information in the designated record set. If we refuse to allow amendment, we will inform you in writing.
- The right to receive an accounting of disclosures that are other than for treatment, payment, health care operations or made via an authorization signed by either you or your representative.
- 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.
- The right to receive a printed copy of this notice.

Get a copy of this privacy notice

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. If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Wellness Point Psychiatry Consultants please contact:

Privacy Officer
Wellness Point Psychiatry Consultants
1024 E. Broad St Suite # 207, Mansfield, Texas, 76063
Tel: 682-518-3334

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you feel we have violated your privacy rights, 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/.

I have read and agree to abide by above terms.

Initials: _____

Date: _____

How do we typically use or share your health information? We typically use or share your health information in the following ways.

To treat you

- We can use your health information and share it with other professionals treating you.
- We may use health information about you to provide you with medical treatment or services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we can use your health information to prescribe you medication.

To run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary to manage your treatment and services.
- We can use and share your health information as necessary to operate and manage our business activities related to providing and managing your health care insurance.
- Your health care information can be used for activities to improve health care, evaluating programs, and developing procedures; reviewing the competence, qualifications, and performance of health care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; providing medical review, legal services, or audit functions; and engaging in business planning and management or general administration.

Communications regarding treatment alternatives and appointment reminders

- Unless you ask us not to, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Bill for your services

- We can use and share your health information to bill and get payment from health plans such as Medicare or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Business associates

It is possible that some services will be provided in our organization through contracts with business associates. Examples may include but are not limited to inpatient mental health services at certain hospitals, certain clinical laboratories, and private providers of medication management, billing service, collection agency, answering services and computer software/hardware providers. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

For Public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Helping with product recalls
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting suspected abuse, neglect, or domestic violence

Research

- We can use or share your information for health research. At this time, WPPC does not participate in research trials, however you should be aware that your private health information can be disclosed to researchers when their research has been approved by a review board that has reviewed the research proposal and established rules to ensure the privacy of your health information.

Workers compensation, Law enforcement, and other government requests: We can use or share health information about you:

- For workers' compensation claims.
 - With health oversight agencies for activities authorized by law.
 - For law enforcement purposes or with a law enforcement official.
- For special government functions such as military, national security, and presidential protective services.

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 see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Correctional institution

- Should you be an inmate of a correctional institution, we may disclose to the institution or their respective agents, private health information necessary for your health and the health and safety of other individuals.

Work with a medical examiner/coroner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual die.

I have read and agree to abide by above terms.

Initials: _____

Date: _____

Respond to lawsuits and legal actions

- We can share health information about you for law enforcement purposes in response to a court or administrative order, or in response to a subpoena.

REGARDING PATIENT RECORDS FOR SUBSTANCE ABUSE AND TREATMENT:

Confidentiality of Alcohol and Illicit Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by WPPC is protected by Federal law and regulations. Generally, we may not disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. The patient consents in writing.
 2. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
 3. The disclosure is allowed by a court order.
- Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.
 - Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
 - Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

WPPC Responsibilities

- Your records are strictly confidential. We are required by law to protect the privacy and security of your protected health information.
- The clinician is legally responsible to break doctor/practitioner-patient confidentiality in cases of threat of harm to self or others and in reports of child or geriatric abuse.
- 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 notice of our legal duties and privacy practices described in this notice and we are required to give you a copy of it.
- We are required to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We will not use or share your information except as described in this notice 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. We will not disclose information about you related to HIV / AIDS without your specific written permission.
- We are required to notify you if we are unable to agree to a requested restriction.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

WPPC will never share your information unless you give us written permission:

- Sale of your information
- Marketing purposes
- Most sharing of psychotherapy notes

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, in our office.

Effective Date: May 2019

I have read and agree to abide by above terms.

Initials: _____

Date: _____