



2285 BENDEN DRIVE • WOOSTER, OHIO 44691 • TELEPHONE 330-264-9029 • FAX 330-263-7251

**The Counseling Center of Wayne and Holmes Counties
HIPAA-- Health Insurance Portability and Accountability Act: Privacy Notice**

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

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

- A. We are required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.
- B. However, we reserve the right to change the terms of this notice and our privacy practices as the law or agency protocols change. Any changes will apply to the PHI we already have. You will be notified in writing at the time of your next appointment following any such changes. A copy of this notice is available from the any office during normal business hours.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent (Treatment Consent Document) or specific authorization (Release of Information Document). Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Require Your Prior Consent.

We may use and disclose your PHI with your consent for the following reasons:

- 1. **For treatment.** We may disclose your PHI to physicians, nurses, pharmacies, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for diabetes, we may disclose your PHI to your primary care physician in order to coordinate your care.
- 2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provide you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- 3. **For health care operations.** We may disclose your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your

PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

B. Certain Uses and Disclosures Do Not Require Your Consent.

We may use and disclose your PHI without your consent or authorization for the following reasons:

1. **Coordination and continuity of care.** As allowed by law, and unless you specifically object, we may use your PHI in treatment to assure service coordination and continuity of care both within the organization and between the Counseling Center and other professionals or organizations involved in your overall healthcare.
To help assure continuity of care, the agency participates in the Clinisync Health Information Exchange so your medical records can be electronically shared among your doctors and healthcare providers. You can opt out of this exchange at any time by filling out the front page of this document.
2. **When a disclosure is required** by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in judicial or administrative proceedings.
3. **For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
4. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For emergency situations.**
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
8. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
9. **Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as

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part of our fundraising efforts, please contact the person listed in section VI below.

C. Additional Uses of PHI.

In addition, unless you specifically object, we may contact you from time to time by email, text, regular mail or by telephone to confirm appointments, provide information about related services, inquire about your satisfaction with services, or inform you about the status of your account.

D. For Service paid out-of-pocket and in full.

You have the right to request that services you have paid for out-of-pocket and in full are not disclosed to your health plan, except where we are required by law to make a disclosure.

E. All Other Uses and Disclosures Require Your Prior Written Authorization.

In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

IV. WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI?

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

C. The Right to See and Get Copies of your PHI. In most cases, you have the right to view and/or obtain copies of your PHI that we have, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.

D. The Right to Correct or Update your PHI. If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Special forms are available for this purpose from the Privacy Officer. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.

If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

E. The Right to Opt Out of Clinisync Health Information Exchange. Sharing records electronically is a simple, fast way for your healthcare provider to get a “whole” picture of your health in one record. Only doctors and staff who treat you can look at your health information. Your records remain private in a secure network that is audited.

F. Forms. All of the rights outlined above have forms available on our website at <https://www.ccwhc.org/privacy-notice.html> or you can contact Medical Records to obtain a copy of the form you desire.

V. HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. WHO TO CONTACT TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: **Becky Mason, Chief Compliance Officer/Patient Rights Officer/Client Advocate is available to file a complaint or for assistance with filing a complaint. She may be reached at 330.264.9029, Monday – Friday from 9:00 am – 5:00 pm. Office Location: 2285 Benden Dr, Wooster, OH, 44691.**