

The Wellness Center of Tuscaloosa

HIPAA 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 IT CAREFULLY.

This notice of privacy practices describes how we may use and disclose your protected health information (from this point referred to as your PHI) to carry out treatment, payment or health care operations & for other purposes. It also describes your rights to access & control your PHI. "Protected health information" is information about you, including demographic information, that may identify you & that relates to your past, present or future physical or mental health or condition, & related health care services.

Uses and Disclosures of Protected Health Information: Your PHI may be used & disclosed by your physician, our office staff & others outside of our office that are involved in your care & treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operations of the physician's practice & any other use required by law.

Treatment: We will use & disclose your PHI to provide, coordinate, or manage your health & any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. Also, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the healthcare plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities you physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, & conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name & indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization: As required by law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food & Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, & Organ Donation, Research, Criminal Activity, Military Activity, & National Security, Worker's Compensation, Inmates, Required Uses & Disclosures. Under the law, we must make disclosures to you & when required by the Secretary of the Department of Health & Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted & Required Uses & Disclosures: will be made only with your consent, authorizations or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physicians practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect & copy your PHI: Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, & PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI: This means you may ask not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested & to whom you want the restrictions to apply. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use & disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your PHI: If we deny your request for amendment, you have the right to file a statement of disagreement with us & we may prepare a rebuttal to your statement & will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

We reserve the right to change the terms of this notice & will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or the Secretary of Health & Human Services if you believe your privacy rights have been violated by us. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, & provide individuals with, this notice of our legal duties & privacy practices with respect to PHI. Signature below is an acknowledgement that you have received this notice of our Privacy Practices.

Signature: _____

Date: _____