The Center for Wellness Encounters Address:

4610 N. Clark Street #1140 Chicago, IL 60640 **Phone:** (224) 307-4124

HIPPA Notice & Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Federal laws, such as HIPPA (Health Insurance Portability and Accountability Act), have been written to protect the confidentiality of your health information. Your health history is NEVER unnecessarily made available to others outside our office. Protecting your Confidential Health Information is always important to us.

WHAT HAS CHANGED? WHY A PRIVACY POLICY NOW?

The most significant variable that has motivated the federal government to enforce the importance of health information privacy legally is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the confidentiality of the electronic exchange of your health information. We have reviewed how your health information is used with the Internet, phone, faxes, copy machines, and files. We have put in writing the policies and procedures we use to protect your health information everywhere it is used.

We want you to know about the policies and procedures we developed to ensure that your health information will be kept confidential from anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information, and in keeping with these laws, we want you to understand procedures and your rights as our valuable client.

We will use and communicate your health information only to provide your treatment, obtain payment, and conduct healthcare care operations. Your health information will only be used for other purposes if we have asked for it and have voluntarily given your written permission.

HOW WILL YOUR HEALTH INFORMATION BE USED?

To Provide Treatment: Our office will use your health information to provide the best care possible. This may include administrative and clinical office procedures. We may share your health information with referring physicians/pediatricians/therapists, or other healthcare personnel providing your treatment.

To Obtain Payment: We may include your health information with an invoice to collect payment for treatment you receive in our office. We may do this by filing insurance forms

for you in the mail or sending them electronically. We will be sure to only work with companies with a similar commitment to protecting your health information.

To Conduct Health Care Operations: Health information may be disclosed during audits by insurance companies or government-appointed agencies as part of their quality assurance and compliance reviews. Your health information may also be reviewed during the routine process of certification, licensing, or credentialing activities.

Patient Communication: We may contact you to follow up on your care and let you know about treatment options or services that may interest you or your family. These communications may include postcards, letters, telephone calls, voice mail, bulletins, or email.

Abuse or Neglect: We will notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment when we believe we are specifically required or authorized by law, or with the patient's agreement.

Public Health and National Security: We may be required to disclose to Federal officials or military authorities the health information necessary to complete an investigation of public health or national security. Health information could be important when the government believes that public safety could benefit from the information, which could lead to the control or the prevention of an epidemic or the understanding of a new medical device.

Law Enforcement: As permitted or required by State or Federal Law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including (under certain limited circumstances) if you are a victim of a crime or to report a crime.

Family, Friends, and Caregivers: We may share your health information with those you tell us will be assisting you with your treatment or payment. We will be sure to ask your permission first. In the case of an emergency, we will use our best judgment when sharing your health information.

Medical Research: Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of the research study will happen only under the ethical guidance, requirements, and approval of an Institutional Review Board.

Authorization to Use or Disclose Health Information:

Other than what is stated about or where Federal, State, or Local law requires us, we will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time.

PATIENTS' RIGHTS

This law is careful to describe that you have the following rights related to your health information:

Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restriction preferences from our clients.

Confidential Communications: You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with your other family members present or through sealed mailed communications. We will make every effort to honor reasonable requests for confidential communications.

Inspect and Copy Your Health Information: You have the right to read, review, and copy your health information, including your complete file and billing records. Please let us know if you would like a copy of your health information. You will be charged, according to the State regulations, for duplication costs.

Amend your Health Information: You have the right to ask us to update or modify your records if you believe your health insurance records are incorrect or incomplete. We will be happy to accommodate you if our office maintains this information. To standardize the process, requests must be made in writing, along with a description of the reason for the change. Your request may be denied if our office did not create the health information record in question, is not part of our records, or if the records containing your health information are determined to be complete and accurate.

Documentation of Health Information: You have the right to ask for a description of how and where we used your health information for any reason other than for treatment, payment, or healthcare operations. Please let us know in writing the time for which you are interested. Thank you for limiting your request to no more than six years at a time. We will charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from us at any time. We are required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of Privacy Practice. We are required to practice the policies and procedures described in this notice, but we reserve the right to change the terms of this Notice. If we change our privacy practices, all patients will receive a copy of the revised Notice.

If you believe your privacy rights have been compromised, you have the right to express complaints to us or the Secretary of Health and Human Services. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us

know of your concerns or complaints in writing so that we may undertake the proper procedures to remedy the situation as quickly as possible.

Thank you very much for taking the time to review how we are carefully using your health information. If you have any questions, please ask.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 1, 2019