

USES AND DISCLOSURES TO WHICH YOU HAVE AN OPPORTUNITY TO OBJECT.

We may share your PHI with your family or others involved in your care, such as close friends or clergy. You may inform us as to whom you wish us to contact and the limits of what we may share. We will honor your wishes as long as your request is not against the law. In an emergency we may share information if we believe it is what you would have wanted and is in your best interest. We will tell you as soon as possible of the action we have taken. We will discontinue such action at your request as long as it is not against the law.

YOUR PERSONAL HEALTH INFORMATION RIGHTS
Right to Request Restrictions. You may submit a written request indicating the PHI you wish to restrict or limit being disclosed. We are not required to agree with your request.
Right to an Accounting of Disclosures. When we disclose your PHI we keep records of to whom it was sent, when and what was sent. You may submit a written request for a list of these disclosures. You must state the time period of disclosures you are requesting that is no longer than 6 years and may not include dates before April 14, 2003.
Right to Amend. You may request in writing an amendment to your PHI that is incorrect or incomplete indicating a reason that supports your request. If we deny your request you have the right to file a statement of disagreement with WSC. Such statements and our rebuttal will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.
Right to Inspect and Copy. You may make a written request to inspect and copy your PHI. We may deny your request in limited circumstances, including psychotherapy notes, information for use in civil, criminal and administrative action and PHI to which access is prohibited by law. If we deny access you may request the denial be reviewed by another licensed health professional. WSC reserves the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Confidential Communication.

You may specify, in writing, how or where you wish to be contacted by WSC regarding the confidential communication of your PHI. You do not need to give us a reason for such a request. We will accommodate all reasonable requests, but reserve the right to deny those that impose an unreasonable burden on the practice.

Right to a Paper Copy of this Notice. If you have agreed to receive this Notice of our Privacy Practices electronically, you may request a paper copy.

USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other than as stated above, we will not disclose your PHI other than with your written authorization. You may revoke your authorization, in writing, at any time, except to the extent that we have already taken action upon the authorization previously submitted.

IF YOU HAVE QUESTIONS OR PROBLEMS

If you need more information or have questions about the privacy practices described in this brochure, please speak to the Privacy Officer whose name and telephone number are on the front cover. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with WSC and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
Phone: 312-886-2359

Office for Civil Rights Department of Health and Human Services
Mail Stop Room 506F
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201
Phone: 202-205-8725

Privacy Officer:

Amy Moreno

Main Office:

1335 Dublin Rd
Suite 208D
Columbus, OH 43215



Individual, Marriage & Family Counselors

Effective Date: August 20, 2014

Notice of Privacy Practices

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

This Notice describes the privacy practices of WellSpring Counseling (hereinafter referred to as WSC). This notice applies to all of the health records that identify you and the care you receive from us. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you

PRIVACY AND THE LAWS

We are required to give you this Notice of our Privacy Policy because of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We will follow the terms of this Notice while it is in effect and inform you of any changes. At WSC we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

WHO WILL FOLLOW THIS NOTICE

Any health care professional authorized to enter information into your clinical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice of Privacy Practices. All business associates such as our billing service, sites and locations of this practice may share information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

PROTECTED HEALTH INFORMATION (PHI) Any information we collect regarding your physical or mental health is called Protected Health Information (PHI). This may include the intake assessment, counseling sessions, psychological testing, records requested from other treating professionals and payment for your health care. All of this information comprises your clinical record, which may be stored as paper charts and files, computer and electronic

data. The clinical record is the property of WSC but the PHI in the clinical record belongs to you.

THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION Use. This is when your information is read by your counselor or other approved WSC personnel for routine purposes (for example: insurance billing). Disclosure. This is when your information is shared with, or sent to, others outside WSC.

Consent Form. By law, we may not treat you, unless you give us written authorization to use your PHI for the purposes of treatment, payment and healthcare operations. We may use and disclose this information without your specific consent.

Treatment. We may use and disclose your PHI to provide, coordinate or manage your health care and related services. For example, if we consult with other health care providers regarding your treatment with us, or if we refer you to another professional such as a physician or psychiatrist, for additional services.

Payment. We may use and disclose your PHI to bill you, your insurance provider or others, to be paid for the treatment we provide you. We may contact your insurance company to check exactly what your insurance covers. They may request information from us, such as dates of services, your diagnoses, treatment received and planned, and progress made. We may also disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Health Care Operations. We may use and disclose your PHI for health care operations to ensure that you receive quality care. For example, to review our treatment and services and to evaluate the performance of our staff as it relates to your care.

APPOINTMENT REMINDERS, TEST RESULTS AND TREATMENT INFORMATION.

WSC may contact you to provide appointment reminders, test results or to give you information about other treatments or health-related services that may be of interest to you. Ways we may contact you include voice mail messages, postcards, letters, e-mail and other forms of communication, unless you direct us otherwise, in writing.

OTHER USES AND DISCLOSURES NOT

REQUIRING CONSENT OR AUTHORIZATION

The law lets us use and disclose some of your PHI without your consent or authorization.

When required by law. There are some federal, state or local laws, which require us to disclose PHI.

By law we are required to report:

- suspected child and elder abuse or neglect.
- abuse and neglect of an incompetent adult (such as a severely mentally retarded adult).
- incidents of domestic violence.

If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after attempting to inform you of the request, consulting your lawyer or trying to get a court order to protect the information requested. We

have to release information to the government agencies, which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes. We may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal.

For Public Health Activities. We may disclose PHI to agencies, which investigate for the purposes related to preventing or controlling disease, injury or disability.

Relating to decedents. We may disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye or tissue donations or transplants.

For specific government functions. We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to worker's compensation programs, to correctional facilities if you are an inmate, and for national security reasons. **To prevent a serious threat to health or safety.** If we believe that there is a serious threat to your health or safety, or that of another person, or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.