

HERBERT AND ASSOCIATES

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.

Summary

We are required by law to:

- Make ensure that protected health information is kept private.
- Provide you with this Notice regarding our legal duties and privacy practices related to your protected health information
- Follow the terms of this Notice that are currently in effect.

Your protected health information may be used and disclosed for the purposes of treatment, payment, and health care operations and other limited circumstances.

You have the following rights concerning your protected health information:

- You may request restrictions on certain uses and disclosures.
- You may obtain a copy of your health records.
- You may request alternate methods of communications.
- You may request amendments.
- You may request and receive an accounting of disclosures.
- You may obtain a copy of this Notice.

Privacy Practices

We are required by law to:

Ensure that protected health information is kept private. Protected health information is information that identifies you and relates to your past, present, or future physical or mental health condition and related health care services.

Provide you with this Notice regarding our legal duties and privacy practices related to your protected health information. This notice also describes your rights with respect to protected health information about you.

Uses and disclosures of Protected Health Information

Your protected health information may be used and disclosed by our agency for the purpose of providing treatment to you, to support the operation of our agency and to obtain payment for our services.

Treatment:

To avert a serious threat to health or safety: We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Victims of abuse, neglect, or domestic violence: We may disclose your protected health information to public authorities, as allowed, to report suspected abuse, neglect, or domestic violence.

Operations:

Health oversight activities: We may disclose protected health information about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, licensure and for the government to monitor the health care agency, government programs, and compliance with civil rights laws.

Payment:

Insurance: Your protected health information may be used to obtain payment for services rendered at our agency.

Business associates: There are some service provided by us through contracts with business associates. For example, we may use a collection service for overdue accounts. When we contract these services, we may disclose protected health information about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect health information about you, we require all business associates to appropriately safeguard the protected health information

Other Uses and Disclosures

In some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, operations, and payment. Not all of these situations will apply and some may never occur at our agency.

As required by law: We must disclose protected health information about you when required to do so by law.

Worker's compensation: We may disclose protected health information about you as authorized by law and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose protected health information about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

Judicial and administrative proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, with your consent, or as directed by a court order signed by a judge or as allowed or required by law.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose protected health information to the institution or its agents when necessary for your health or the health and safety of others.

Your Health Information Rights

You have the following rights regarding your protected health information.

You may request a restriction on certain uses and disclosures of your protected health information.

You have the right to request additional restrictions on the use and disclosure of your protected health information. This can be done by informing your therapist or a request in writing to our agency director, Lisa Hergert. We are not required to agree to those restrictions but it will be reviewed on a case to case basis.

You may inspect or obtain a copy of your protected health information.

You have the right to inspect or obtain a copy of your protected health information. You may make the request to your therapist or do so in writing to the director, Lisa Hergert. We may deny your request to inspect and copy in certain limited circumstances. Our policy is to personally review the records with the person and then provide copies. We may charge a reasonable fee for copies, postage, and supplies that are necessary to fulfill the request.

You may request communications of protected health information by alternate methods.

You have the right to request that we communicate confidential information to you by an alternate means. Please indicate on the client data form how or where you would like to be contacted. We will attempt to accommodate all requests.

You may request an amendment to your protected health information.

You have the right to request that we change the records we maintain about you if you feel that the information is incomplete or incorrect. You may make the request either to your therapist or by sending a written request to our director, Lisa Hergert. In certain circumstances, we may deny your request for amendment. All denials will be made in writing. If we deny your request, you have the right to file a statement of disagreement with the decision.

You may request and receive an accounting of disclosures of your protected health information.

You have the right to receive an accounting of the disclosures we have made of your protected health information after April 14, 2003 for most purposes other than treatment, payment, and operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, please inform your therapist or contact the agency director, Lisa Hergert.

You may obtain a copy of this Notice.

You may ask for a paper copy of this Notice at any time, and one will be provided for you. Copies may be obtained from any of our staff.

Our Legal Duties

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those listed in this Notice or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the authorization or required by law.

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may ask your therapist or contact the program director, Lisa Hergert. If you believe your privacy rights have been violated, you can file a complaint by contacting any of our staff members or the Division of Health and Human Services who oversees our agency. We will not retaliate for filing a complaint.

Contact information:

Lisa Hergert, Clinic director
By phone: (715) 385-7579
In writing: PO Box 887
Marshfield WI 54449

**Dept of Health Services
Client Rights Office**

By phone: (608) 266-2717
In writing: PO Box 7851
Madison, WI 53707-7851

or on the web:
<http://dhs.wi.gov>.