

Consent Form: Notice of Privacy Practices

Well Ways Therapy LCSW, PLLC
418 Broadway Ste 8484 Albany NY 12207
646-466-5368
www.wellwaystherapy.com

NOTICE OF PRIVACY PRACTICES

Health Insurance Portability Accountability Act (HIPAA)

Client Rights & Therapist Duties

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that Well Ways Therapy LCSW, PLLC provides you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail.

The law requires that Well Ways Therapy LCSW PLLC obtains your signature acknowledging that Well Ways Therapy LCSW, PLLC has provided you with this. If you have any questions, it is your right and obligation to ask so your therapist at Well Ways Therapy LCSW, PLLC can have a further discussion with you prior to signing this document. When you sign this document, it will also represent an agreement between you and Well Ways Therapy LCSW, PLLC. You may revoke this Agreement in writing at any time. That revocation will be binding unless Well Ways Therapy LCSW, PLLC has taken action in reliance on it.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, Well Ways Therapy LCSW, PLLC can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where Well Ways Therapy LCSW, PLLC is permitted or required to disclose information without either your consent or authorization. If such a situation arises, Well Ways Therapy LCSW, PLLC will limit disclosure to what is necessary. Reasons Well Ways Therapy LCSW, PLLC may have to release your information without authorization include:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. Well Ways Therapy LCSW, PLLC cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if Well Ways Therapy LCSW, PLLC receives a subpoena of which you have been properly notified and you have failed to inform Well Ways Therapy LCSW, PLLC that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order Well Ways Therapy LCSW, PLLC to disclose information.
- If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, Well Ways Therapy LCSW, PLLC may be required to provide it for them.
- If a patient files a complaint or lawsuit against Well Ways Therapy LCSW, PLLC, Well Ways Therapy LCSW, PLLC may disclose relevant information regarding that patient in order to defend itself.
- If a patient files a worker's compensation claim, and Well Ways Therapy LCSW, PLLC is providing necessary treatment related to that claim, Well Ways Therapy LCSW, PLLC must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
- Well Ways Therapy LCSW, PLLC may disclose the minimum necessary health information to our business associates that perform functions on its behalf or provide Well Ways Therapy LCSW, PLLC with services if the information is necessary for such functions or services. Well Ways Therapy LCSW, PLLC's business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which your therapist at Well Ways Therapy LCSW, PLLC is legally obligated to take actions, which your therapist believes are necessary to attempt to protect others from harm, and thus may have to reveal some information about a patient's treatment:

- If your therapist at Well Ways Therapy LCSW, PLLC knows, or has reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that your therapist files a mandated report. Once such a report is filed, your therapist may be required to provide additional information.
- If your therapist at Well Ways Therapy LCSW, PLLC knows or has reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law may require that your therapist file a report with the appropriate reporting agencies. Once such a report is filed, your therapist may be required to provide additional information.
- If your therapist at Well Ways Therapy LCSW, PLLC believes that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, your therapist may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

- For Treatment – Well Ways Therapy LCSW, PLLC uses and discloses your health information internally in the course of your treatment. If Well Ways Therapy LCSW, PLLC wishes to provide protected health information outside of our practice for your treatment by another health care provider, Well Ways Therapy LCSW, PLLC will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of progress notes.
- For Payment – Well Ways Therapy LCSW, PLLC may use and disclose your health information to obtain payment for services provided to you as delineated in the Therapy Agreement, Policies, and Consent and Payment And Fees Agreement.
- For Operations – Well Ways Therapy LCSW, PLLC may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality. Well Ways Therapy LCSW, PLLC may also use your information to tell you about services, educational activities, and programs that your therapist feels might be of interest to you.

Patient's Rights:

- Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Well Ways Therapy LCSW, PLLC will agree to such unless a law requires us to share that information.
- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Well Ways Therapy LCSW, PLLC is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Please make your request well in advance and allow 10 days to receive the copies. If Well Ways Therapy LCSW, PLLC refuses your request for access to your records, you have a right of review, which your therapist at Well Ways Therapy LCSW, PLLC will discuss with you upon request.
- Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask Well Ways Therapy LCSW, PLLC to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell your therapist at Well Ways Therapy LCSW, PLLC the reasons you want to make these changes, and Well Ways Therapy LCSW, PLLC will decide if it is indicated and if we refuse to do so, we will tell you why within 60 days.
- Right to a Copy of This Notice – If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI regarding you. At your request, your therapist at Well Ways Therapy LCSW, PLLC will discuss with you the details of the accounting process.

- Right to Choose Someone to Act for You – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; Well Ways Therapy LCSW, PLLC will make sure the person has this authority and can act for you before we take any action.
- Right to Choose – You have the right to decide not to receive services with Well Ways Therapy LCSW, PLLC. If you wish, Well Ways Therapy LCSW, PLLC will provide you with the names of other qualified professionals.
- Right to Terminate – You have the right to terminate therapeutic services with Well Ways Therapy LCSW, PLLC at any time without any legal or financial obligations other than those already accrued. Well Ways Therapy LCSW, PLLC asks that you discuss your decision with your therapist in session before terminating or at least by contacting us by phone letting us know you are terminating services.
- Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, you and your therapist will discuss whether or not your therapist thinks releasing the information in question to that person or agency might be harmful to you.

Therapist's Duties:

- Well Ways Therapy LCSW, PLLC is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. Well Ways Therapy LCSW, PLLC reserves the right to change the privacy policies and practices described in this notice. Unless Well Ways Therapy LCSW, PLLC notifies you of such changes, however, Well Ways Therapy LCSW, PLLC is required to abide by the terms currently in effect. If Well Ways Therapy LCSW, PLLC revises our policies and procedures, we will provide you with a revised notice.

COMPLAINTS

If you are concerned that Well Ways Therapy LCSW, PLLC has violated your privacy rights, or you disagree with a decision Well Ways Therapy LCSW, PLLC made about access to your records, you may contact Chief Privacy Officer Rebecca Olson of Well Ways Therapy LCSW, PLLC, the State of New York Department of Health, Wisconsin Department of Health Services, or the Secretary of the U.S. Department of Health and Human Services.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.