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.

HIR Wellness Center, Inc. is committed to maintaining clients' confidentiality. HIR Wellness Center, Inc. will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession. This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. Please review it carefully. You may request a copy of this document at any time.

OUR LEGAL DUTIES

State and federal laws require that I keep your medical records private. Such laws require that I provide you with this notice informing you of my privacy of information policies, your rights, and my duties. I am required to abide by these policies until replaced or revised. I have the right to revise my privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to me in an evaluation, intake, or counseling session are covered by the law as private information. I respect the privacy of the information you provide me, and I abide by ethical and legal requirements of confidentiality and privacy of records.

USE OF INFORMATION

Information about you may be used for diagnosis, treatment planning, treatment, continuity of care, billing and collection activities. The need for information for treatment includes, but is not limited to: calling to confirm appointment; contacting you with information about services of interest; aiding in diagnosis, assessment, recommendations, and treatment planning; and consultation with supervisors or between licensed clinical consultants. With your permission, using a signed Release of Information Consent Form, I may disclose information to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health professionals.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of HIR Wellness Center not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these circumstances, as noted below, include: 1) with your written permission, 2) in response to certain court orders and judicial subpoenas, 3) in the case of child or elder abuse or neglect reports or in the case of the duty to report clients who may be in danger of harming themselves or others, 4) in the case of confidential audits by certain oversight programs, 5) in emergency

situations, such as sending a client to the hospital or calling the paramedics, in which case I will disclose the minimum information necessary to accomplish the goal of effectively

DUTY TO WARN AND PROTECT
When a client discloses intentions or a plan to harm another person or persons, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to make all reasonable attempts to ensure the safety of the client, which may include seeking assistance from other mental health specialists, public safety officers, and family members.

ABUSE
If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and his or her safety appears to be at risk, I may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES
Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

PROFESSIONAL MISCONDUCT
Professional misconduct by a mental health professional must be reported by other mental health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the therapist's actions, related records may be released in order to substantiate disciplinary concerns.

JUDICIAL OR ADMINISTRATIVE PROCEEDINGS
Health care professionals are required to release records of clients when a court order has been placed. Note that I will assert psychotherapist/client privilege on your behalf until instructed, in writing, to do otherwise by you or your representative, or until I am compelled to release records by the force of law.

MINORS/GUARDIANSHIP
Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

STORAGE OF RECORDS
Storage of records is for seven years from the conclusion of services. Disposal is by shredding. Therapist private Psychotherapy Notes are not part of the clinical file and will not be disclosed to you or to any entity. Psychotherapy notes are destroyed at the discharge of the case or when they no longer are needed for supervisory or recordkeeping purposes. All records are kept in a file cabinet which is locked at night and when the therapist is not present. The office is also locked at night and when the therapist is not present. Clinical records will be kept Records are not transmitted electronically.

OTHER PROVISIONS AND POLICIES

HIR Wellness Center does not bill insurance companies, managed care, or other third-party payers.

- Payments for services are typically funded through donations and funders. In the event that there is a payment required this will be on the responsibility of the client, or a person who has agreed to provide payment. When payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid, it may be reported to credit agencies, and the client's credit report may state the amount owed, the time frame, and the name of the clinic or collection source.
- When a client chooses to submit a claim to an insurance company, managed care, or other third-party payer, these entities are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.
- Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.
- In the event that I must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. You must notify me in writing where I may reach you by phone and how you would like me to identify myself. (See Informed Consent Form.) With the client's written permission, e-mail may be used for appointment cancellations or reminders, or to give/receive other information. All HIR Wellness Center's e-mail's are password protected. Information discussed in counseling sessions is not discussed via e-mail.
- At times I may need to transport documents between my home office and my work office. I will do so with care to protect your confidentiality.

YOUR RIGHTS

Right to request how we contact you

It is my normal practice to communicate with you about therapy matters (e.g. appointment reminders, cancellations, etc.) at the daytime phone number you gave me when you scheduled your appointment. Sometimes I may leave messages on your voicemail. I will follow the guidelines given in your signed Informed Consent Form. You have the right to request that I communicate with you in a different way or at another location. This request must be made to me in writing.

Right to release your clinical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

Right to inspect and copy your clinical and billing records.

You have the right to inspect and obtain a copy of your information contained in our clinical records (excepting psychotherapy notes). To request access to your billing or mental health information, contact Lea S. Denny in writing with an original signature. Under limited circumstances I may deny your request to

inspect and copy. Records for minors must be requested by their custodial parents or legal guardians. If you ask for a copy of any information, I will charge a reasonable fee for the costs of copying, mailing and supplies. A response to a request for records will be within 21 days.

Right to add information or amend your clinical records.
If you feel that the information contained in your clinical record is incorrect or incomplete, you may ask to add information to amend the record. Psychotherapy notes are not included in the right to amend records. HIR Wellness Center, Inc. will make a decision on your request within 60 days, or some cases within 90 days. Under certain circumstances, HIR Wellness Center, Inc. may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must submit it in writing and provide an explanation concerning the reason for your request.

Right to an accounting of disclosures.
You may request an accounting of disclosures, if any, I have made related to your mental health information, except for information I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave me specific consent to release. This also excludes information I was required to release. To receive information regarding disclosures made for a specific time period, no longer than six years, please submit your request in writing to the Privacy Officer. I will notify you of the cost involved in preparing this list.

Right to request restrictions on uses and disclosures of your mental health information.
You have the right to ask for restrictions on certain uses and disclosures of your mental health information. This request must be in writing and submitted to Lea S. Denny. However, I am not required to agree to such a request. Requesting restrictions or deciding not to sign this document may result in the therapist's determination that services cannot in good faith or ethically be provided.

Right to complain.
If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the State of Wisconsin Department of Safety and Professional Services: http://drl.wi.gov/section.asp?linkid=16&locid=0. The Secretary of the U.S. Dept. of Health and Human Service also receives complaints about believed privacy violations. Complaints may also be directed to the Project Director, Lea S. Denny (414) 315-7271. An individual will not be retaliated against for filing such a complaint.

Privacy Officer
Lea S. Denny is hereby designated as the Privacy Officer for HIR Wellness Center, Inc. and shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling patient requests for restrictions on uses and disclosures of protected health information ("PHI"); patient requests to inspect & receive a copy of their PHI; patient requests to receive accountings of disclosures; and, patient requests to amend their PHI.

By signing this form, I am confirming that I have received a copy of the HIPAA Notice of Privacy Practices and Clients' Rights. I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's Name (please print):_____

Signature: _____ Date: _____/_____/_____

Signed by: _____client _____guardian _____personal representative