



INTEGRATED WELLNESS AND STRATEGIES, LLC

Amber W. Pearson, MA, LPC, EMDR-CT

Your path to healing and transformational growth...

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HIPAA NOTICE OF PRIVACY RIGHTS & PRACTICES

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information Integrated Wellness and Strategies, LLC (IWS, LLC) has about you.

IWS, LLC will provide a copy or a summary of your health information, usually within 30 days of your request. IWS, LLC may charge a reasonable, cost-based fee.

Ask for a correction to your medical record

You can ask for your health information about you that you think is incorrect or incomplete to be corrected, just ask.

IWS, LLC may say "no" to your request, but you will be informed in writing within 60 days.

Request confidential communications

If you want to be contacted in a specific way (for example, home or office phone) or to send mail to a different address, just notify IWS, LLC.

IWS, LLC will say "yes" to all reasonable requests.

Ask for a limit what IWS, LLC uses or shares

You can ask IWS, LLC **not** to use or share certain health information for treatment, payment, or our operations. IWS, LLC is not required to agree to your request, and IWS, LLC may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask IWS, LLC not to share that information for the purpose of payment or our operations with your health insurer. IWS, LLC will say "yes" unless a law requires us to share that information.

Get a list of those with whom IWS, LLC has share information

You can ask for a list (accounting) of the times IWS, LLC shared your health information for six years prior to the date you ask, who IWS, LLC shared it with, and why.

IWS, LLC will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). IWS, LLC will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. IWS, LLC will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

IWS, LLC will make sure the person has this authority & can act for you before action is taken.

File a complaint if you feel your rights are violated

You can complain if you feel IWS, LLC has violated your rights by filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

IWS, LLC will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can inform IWS, LLC of your choices about what is shared.

If you have a clear preference for how IWS, LLC shares your information in the situations described below, tell us what you want us to do, and IWS, LLC will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

In these cases IWS, LLC will *never* share your information unless you give written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Note: If you are not able to tell us your preference, for example if you are unconscious, IWS, LLC may go ahead and share your information if IWS, LLC believes it is in your best interest. IWS, LLC may also share your information when needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures

How does IWS, LLC typically use or share your health information?

Treat you	<ul style="list-style-type: none"> Other doctors can use your health information and share it with other professionals who are treating you. 	<i>Example: A psychiatrist treating you asks your primary doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none"> IWS, LLC can use and share your health information to run our practice, improve your care, and contact you when 	<i>Example: IWS, LLC may use health information about you to manage your treatment and services internally.</i>
Bill for your services	<ul style="list-style-type: none"> IWS, LLC can use and share your health information to bill and get payment from health plans or other entities. 	<i>Example: IWS, LLC and/or its billing agency gives information about you to your health insurance plan so it will pay for your services.</i>

How else can IWS, LLC use or share your health information? IWS, LLC is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. IWS, LLC have to meet many conditions in the law before IWS, LLC can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Do research	<ul style="list-style-type: none"> IWS, LLC can use or share your information for health research.
Help with public health and safety issues	<ul style="list-style-type: none"> IWS, LLC can share health information about you for certain situations such as: <ul style="list-style-type: none"> Preventing disease Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone’s health or safety
Comply with the law	<ul style="list-style-type: none"> IWS, LLC will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that IWS, LLC is complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> IWS, LLC can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> IWS, LLC can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> IWS, LLC can use or share health information about you: <ul style="list-style-type: none"> For workers’ compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military, national security, etc
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> IWS, LLC can share health information about you in response to a court or administrative order, or in response to a subpoena.

Responsibilities of IWS, LLC include:

- IWS, LLC is required by law to maintain the privacy and security of your protected health information.
- IWS, LLC will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- IWS, LLC must follow the duties and privacy practices described in this notice and give you a copy.
- IWS, LLC will not use or share your information other than as described here unless you complete a release of information.
- You may change your mind about sharing additional information at any time, just inform IWS, LLC in writing.
- IWS, LLC will comply with any laws & ethical codes that require greater limits on disclosures.

Changes to the Terms of this Notice: IWS, LLC can change the terms of this notice, and the changes will apply to all information IWS, LLC has about you. The new notice will be available upon request, in our office, and on the website of IWS, LLC. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

By signing below, you agree that you have read, understand, and agreed to the above NOTICE OF PRIVACY RIGHTS & PRACTICES:

Client Name (printed)

Client Signature

Date

Copy provided to client.