



Westwind Counseling Services  
Phone – Updated in Aug. 2019

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## **Health Insurance Portability and Accountability Act (HIPAA)**

Notice of Privacy Practices  
Effective 4/14/13

***Commitment to protecting your privacy*** - Westwind Counseling Services (WCS) works to maintain patient's privacy by protecting your protected health information (PHI). PHI is identifying information such as your name, birthday, events related to your physical or mental health condition, or any other information that could be used to identify you. This Notice of Privacy Practices ("Notice") is required by law to provide you with the legal duties and privacy practices that Westwind Counseling Services maintains concerning your PHI. It explains how medical and mental health information may be used and disclosed, as well as your rights regarding PHI. Please read diligently and talk about any questions or concerns with your therapist/clinician.

***Legal duty to protect your PHI*** - According to federal and state law, WCS has a duty to keep your PHI protected and private. This Notice describes when, why, and how WCS would disclose and/or use your PHI. WCS makes an effort to not use or disclose more PHI than is necessary to accomplish the purpose of for which the disclosure is made. However, there are exceptions which may require the release and/or use of more PHI than what is necessary, which will be covered in this Notice.

***Updates to this Notice*** - The terms of this Notice apply to all records containing your PHI that are created or retained by WCS. WCS reserves the right to update, change, amend, or revise this Notice. If an update is made, it will be effective for all of your records in the past, will make, and/or will be created in the future. There will be a current copy of WCS Notice of Privacy Practices in a visible location in the waiting room. You may request of copy of the current notice at any time.

***How your name may be used and disclose your PHI*** - WCS will not use or disclose your PHI without your consent and/or written authorization. See below for possible scenarios in which your name and/or PHI may be disclosed.

a) *Treatment purposes* - WCS shares PHI to other health

professionals such as psychiatrists, psychologists, physicians, counselors, and other licensed health care providers who treat you with health care services or are involved in your care. An example of this is if you are also receiving treatment from a psychiatrist for medication management, WCS may release your PHI to a doctor to coordinate your care. WCS will ask for your written permission via a release of information prior to any coordination of care between health care providers.

- b) *Collecting payment for services provided* - WCS may use your PHI and disclose PHI for billing and collecting payment for services and treatment you receive. For instance, WCS might be required to send PHI to your insurance provider, managed health care plan, in an attempt to receive payment for services provided to you. Billing companies, providers that process health care claims for WCS, and claims processing companies may also be provided your PHI if either you or your insurance provider are not able to stay current with your account. WCS will do its best to reconcile this with you first prior to involving any outside service.
- c) *Health care compliance and operations* - WCS may need to disclose your PHI to conduct the operations of its practice. It is WCS goal to conceal all client names in the event of an audit or a quality control related task. WCS will attempt to maintain confidentiality as much as possible, however there is still a chance that your PHI may be audited for such reasons.
- d) *Employees and business associates* - Contractors and/or third-party business associates may use your PHI. WCS will have a written contract that requires the employee or business associate to maintain the same high standards and expectations of protecting your privacy.
- e) Georgia and Federal law provides additional protection for certain types of health information, including mental health diagnosis, AIDS/HIV, alcohol and drug abuse, and may affect how much and whether or not WCS discloses information about you to others.

***Circumstances in which your PHI and name may be used and/or disclosed without your consent or authorization. See the following for a list of possible reasons or situations:***

- a) *Military and Veterans* - If you are a member of the armed forces, WCS may be required by military command authorities to release PHI about you. WCS may also release PHI about foreign military personnel to the appropriate military authority depending on the circumstances.
- b) *National Security, Protective Services for the President, and Intelligence Activities* - PHI about you may be released by WCS to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
- c) *Correctional Institutions* - If you are an inmate or become an inmate of a correctional institution, WCS may disclose PHI to the institution or its agents when necessary for your health or to the health and safety of other people.
- d) *Health Oversight* - Your personal health information may be disclosed by WCS to a health oversight agency for tasks such as audits, inspections, investigations, or licensure of facilities. These tasks are necessary for the government to examine the health care system, government programs and compliance with laws and HIPAA regulations.
- e) *Appointment Reminders* - WCS is permitted to contact you, without your prior authorization, to provide appointment reminders or information about other health services that you may benefit from.
- f) *Workers' Compensation* - WCS may disclose PHI in order to comply with Workers' Compensation or similar programs established by law.
- g) *If disclosure is otherwise specifically required by Law.*
- h) *Communications with Family, Friends, and/or Others* - If you have a person named your Durable Power of Attorney for Health Care, a friend/family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any person you identify, admissible to that person's involvement in your care or payment related to your care. Your PHI may be disclosed in the case that your family can be notified of your condition when an entity is assisting in disaster relief efforts.
- i) *Abuse and Neglect* - If child abuse and/or neglect, elder abuse/neglect, dependent adult abuse and/or neglect is reported, WCS may be required to report the abuse and/or neglect to the Georgia Department of Child and Family Services and/or Department of Human Services.
- j) *Food and Drug Administration* - WCS may disclose to the Food and Drug Administration, or persons under their jurisdiction, PHI relative to adverse events with respect to drugs, supplements, foods, product defects, products, or post marketing surveillance information to enable product recalls, repairs, and/or replacement.
- k) *Law Enforcement* - Under certain conditions, WCS may disclose your PHI when required by federal, local, or state law; judicial, board, or administrative proceedings; or, law enforcement.
- l) *Public Health Risks* - WCS may disclose your PHI to public health or legal authorities responsible for preventing or controlling disease, disability, injury, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
- m) *Minors* - In the case that you are a minor, parents(with guardianship)/guardians have the right to request records. WCS may be required to release certain types of information to your parents or guardians in accordance with the law.
- n) *Medical Examiners, Funeral Directors, and Coroners* - WCS may release PHI about you to a coroner or medical examiner. The disclosure of PHI may be necessary to identify a deceased person, determine the cause of death or other duties as authorized by the law. In order for funeral directors to carry out their duties, WCS may be required to release PHI in relation to applicable laws.
- o) *Serious Threat of Health and/or Safety* - If you are in an emotional condition or mental health condition as to be dangerous to yourself or others, and if WCS determines in good faith that disclosure is necessary to prevent the threatened danger, WCS may disclose your PHI. In these situations, WCS may provide PHI to law enforcement or other persons able to prevent or stop such a serious threat to the health or safety of a person or the public.
- p) *Lawsuits and Disputes* - In response to a court or administrative order or a search warrant, WCS may disclose information about you. WCS may also disclose information about you if an arbitrator or

arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena, or any other provision authorizing disclosure in a court proceeding. WCS will only do this if efforts have been made to notify you about the request and you have been provided an opportunity to object or to obtain a court order protecting the information requested.

**Written Release of Information and Other Uses** - WCS will ask for your written authorization before using or disclosing medical information about you in any other situation not covered by this notice. If you sign a release of information, you can later revoke that authorization by notifying WCS in writing of your decision. WCS is unable to take back any disclosures it has already made with your permission. WCS will continue to comply with laws that require specific disclosures, and WCS is required to retain records of the care that its therapists/clinicians have provided to you.

#### **Your Rights Regarding Your PHI**

- a) *The right to request limits on use/disclosure of PHI* - You have the right to request that WCS limit how it uses and discloses your PHI. WCS is not legally bound to agree to your request, but WCS will take it in consideration. If WCS agrees to your request, it will pose those limits in writing and abide by them except in emergency situations. However, you do have the right to limit the uses and disclosure of PHI that WCS is required or allowed to use/disclose.
- b) *The Right to See and Receive Copies of Your PHI* - You have the right to request seeing your PHI that is in WCS's possession, or to receive copies of it. You can only request it in writing. If WCS does not have your PHI, but does know who does, you will be advised on how to get it. You can expect to receive a response from WCS within 30 days of receiving your written request. If WCS feels your request needs to be denied, you will receive it in writing the reasons for the denial and also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.25 cents per page and the fees associated with supplies and postage required.
- c) *You Can Choose the Method and Address* - You can ask that your PHI be sent to you at an alternate address and you may also request that it be sent to you by an alternative method. WCS is pleased to agree to your request pending that it can give you the PHI

in the format request, without significant inconvenience.

- d) *Request a List of Disclosures Made* - You are allowed to request a list of disclosures of your PHI that WCS has made. The list will not include authorized disclosures/uses such as those for treatment, health care operations, payment, sent to you directly, or to your family, neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. Your request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. WCS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure/use, the recipient including address if known, a description of the information disclosed, and the reason for the disclosure. WCS will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable amount based on a set fee for each additional request you provide.
- e) *The Right to Get This Notice by Email* - You have the right to receive this notice by email. You also have the right to request a paper copy.
- f) *The Right to Amend Your PHI* - If you think that there has been some error in your PHI or that important information has been left out, you can request that WCS make a correction to the existing information. All requests must be made in writing and you will receive a response from WCS within 60 days of the business owner's receipt of your written request. The business owner may deny your request, in writing, if it finds that PHI is either correct and complete, written by someone other than WCS or the business owner, forbidden to be disclosed, and/or is not part of its records. Your denial must be in writing and state the reasons for the denial. It must also explain your right to file a written statement objecting the denial. If WCS/business owner approves your request, it will make the change(s) to your PHI. Also, WCS/business owner will explain to you that the changes have been done and will let all others that need to know about the change(s) to your PHI.
- g) *Submit all Written Requests* - Submit to WCS's Director and Privacy Officer, Justin Boccuti LPC, at the address listed at the top of the first page of this document.

**Filing Complaints** - If you feel your privacy rights have been or may have been violated, you are entitled to file a complaint. If you object to a decision WCS made about access to your PHI, you are also entitled to file a complaint. You also have the option to send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. WCS will give you the address. In no way will you be penalized or retaliated against for filing a complaint. Please review and discuss any questions or concerns with your therapist. Your signature below is an acknowledgement of the this Notice and all of its contents:

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If applicable:**

Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_