

## PATHWAYS COUNSELING CENTER NOTICE OF PRIVACY PRACTICES: HIPPA

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

PATHWAYS COUNSELING CENTER WILL BE ABBREVIATED AS PWCC.

PWCC is required by law to maintain the privacy of certain health care information about our patients. The law also requires health care providers like PWCC to give you a Notice like this one and to follow its standards.

### PWCC AND YOUR PROTECTED HEALTH CARE INFORMATION:

As a part of its day-to-day activities, PWCC may need to use and disclose your protected health care information for several purposes without obtaining your written approval. Those purposes may include:

1. Your treatment, payment for treatment and daily operations of the center. This may include such activities as calling to verify appointments, discussing benefits and services and staffing proper treatment milieu or contacting you regarding your protected health care information.
2. Providing information to government officials who oversee health care or are working on threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes.
3. Providing information to licensed researchers who are under strict rules regarding how they use and disclose protected health care information. Those researchers, as an example, may use the information about patients with your condition for a study to improve ways to combat diseases.

No other uses and disclosures of your protected health care information will occur without your written authorization; you have the right to cancel it at any time.

### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH CARE INFORMATION

Under the law, you have several rights that PWCC is committed to upholding. Those rights include:

1. The right to request restrictions on some of the ways PWCC uses and discloses your information. These restrictions can go beyond the restrictions already in the law. However, PWCC may not always agree to implement these additional restrictions.
2. The right to receive confidential communications. While PWCC cannot promise to communicate in every possible way patients might request, the center will work with you to find a practical way of communicating with you in strict confidence if you wish.
3. The right to inspect and get copies of your health care information held by PWCC by making a request in writing. PWCC, however, may charge a reasonable fee to cover only the cost of providing this information.
4. The right to request that PWCC amend or correct information about you. To make such a change PWCC will ask you to make a request in writing with a description of the reasons you want your record changed. PWCC may not always agree to such requests.

5. The right to a list of PWCC disclosures of your protected health care information that were not authorized by you and the disclosures that were unrelated to treatment, payment and PWCC operations.

If you have any questions or complaints about the way PWCC handles your protected health care information or if you believe your privacy rights have been violated, contact PWCC. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note there will be no retaliation against you for filing a complaint or making requests regarding your health care information, or for disagreeing with PWCC

PWCC may need to change its privacy practices from time to time. Before making such changes, however, PWCC will modify this Notice and begin distributing it to patients when they are treated by PWCC. These new practices will then apply to all information held by PWCC. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking the PWCC office manager.

Signature below is an acknowledgement only that you have read this Notice of our Privacy Practices.

Printed name of patient or representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_