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## **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.**

We at Psychiatric Wellness Center (PWC) understand that medical information about you and your health is personal and we are committed to protecting that medical information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of used and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we will disclose your information to other physicians within our practice that may be involved in your care.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us. For example, obtaining authorization for office visits may require that your relevant protected health information be disclosed to your health plan/insurance carrier to obtain approval for the services required.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**As Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by Federal, State or local laws. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures. For example, disclosures to a Judge of the Superior Court in response to a court order.

**Public Health Agencies:** We may disclose your protected health information for public health activities. To report disease, injury, vital events and to conduct public health surveillance, investigation and/or intervention. To a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure and for accreditation or disciplinary actions, administrative and/or legal proceedings. To prevent or lessen a serious threat to the health or safety of another person or the public and as authorized by laws relating to workers compensation or similar programs. To the coroner, medical examiner or a funeral director, to an organ donation and procurement organization if you are an organ donor.

**Notification in case of a Breach:** We are required by law to notify you in case your unprotected health information has been or is reasonably believed to have been disclosed as a result of a breach.

**Any other uses:** Including uses and discloses of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI will be made only with your written authorization

**Uses and Disclosures of Protected Health Information with your written authorization:** To provide patient Protected Health Information to other people for reasons other than for treatment, payment or healthcare authorization or as required or permitted by law we must have your written authorization.

You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

**Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

## **2. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

**Inspect and Copy your Protected Health Information.** In accordance with State and Federal laws governing protected confidential medical information, you have the right to inspect and copy medical information that may be used to make decisions regarding your treatment. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results when your access is restricted by law. We may also deny a request for access to protected health information if a licensed health care professional has determined, in the exercise of professional judgment, that the access request is reasonably likely to endanger your life or physical safety or that of another person; the protected health information makes reference to another person and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the

provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person. Depending on the circumstances, a decision to deny access may be reviewable in accordance with applicable federal law. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. This request must be made in writing. Your physician is not required to agree to a restriction that you may request.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we contact you only by mail or at work. We will accommodate reasonable requests. Please make this request in writing to our Privacy Officer.

**You have the right to request your physician amend your protected health information.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information was created and kept by the practice. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the Privacy officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003.

**Out of Pocket Payments:** If you have paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment of health care operations and we will honor that request.

### **3. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Psychiatric Wellness Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Psychiatric Wellness Center contact the Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at Psychiatric Wellness Center by calling (661) 431-1555

**A copy of this notice is available upon request.**