

# Notice of Privacy Practices

This notice describes how your private healthcare information (PHI) can be used and disclosed and how you can get access to it. It is presented on behalf of all independently practicing healthcare providers at NorthWest Ohio Psychological Services.

## **Your Rights for Privacy and Use of PHI**

### **You may request confidential communications.**

- You can ask us to contact you in a specific way (e.g., a particular phone) or to send mail to a different address.

### **You may ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We may decline if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share information with your health insurer. We may decline if a law requires otherwise.

### **You may get a list of those with whom we have shared information.**

- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). One such accounting a year will be provided at no charge; additional requests will carry a fee.

### **You may get a copy of your record.**

- You can ask to see or get a copy of your record and other health information we have about you.
- We will provide a copy or summary of your health information, usually within 30 days of your request, for a fee as defined by Ohio law.

### **You may ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- If we deny your request, we will tell you why in writing within 60 days.

### **You may get a copy of this privacy notice.**

- You can ask for a paper copy of this notice at any time.

### **You may choose someone to act for you.**

- Your power of attorney for healthcare or legal guardian can exercise your rights and make choices about your health information on your behalf. We will verify that the person can legally act for you before we take any action.

### **You may choose to share your health care information with others.**

- If you want to share information with family, close friends, or others involved in your care, we may discuss potential risks and benefits of your choice with you, then will follow your instructions.

## **Our Responsibilities for Use and Disclosure of PHI**

We will maintain the confidentiality, privacy, and security of your protected health information in all its forms as required.

We will use your healthcare information to provide services, obtain payment, conduct necessary healthcare operations, and comply with mandates for healthcare oversight and the law in accordance with applicable rules and regulations.

We may use your healthcare information to respond to lawsuits and legal actions, including legal action that you may bring, or valid court order.

We will share your information to provide or obtain necessary care if you are unable to tell us your preference (for example if you are unconscious).

We will share your information to prevent or reduce an imminent serious threat to anyone's health or safety, including yours, and to report suspected abuse or neglect of specific protected or vulnerable individuals.

We will not share psychotherapy notes unless legally required. (*Psychotherapy notes are distinct from other healthcare records and are afforded a greater degree of protection than other mental health or general healthcare records.*)

We will never share your information for marketing purposes or profit unless you give us written permission in advance.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will obtain your specific permission to disclose information other than as described here unless required by law. If you tell us we can, you may change your mind at any time by notifying us in writing.

### **Privacy Officials**

Each clinician in our office serves as their own privacy official. Contact them at 4930 N Holland Sylvania Rd, Suite B, Sylvania, OH or phone 419-537-0900 if you have privacy concerns.

### **File a Complaint**

If you feel your rights under this notice were violated, you may file a complaint without fear of retaliation. To do so, talk to your clinician or contact U. S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave SW, Washington, DC 20201; phone 877-696-6775; or at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **Effective Date of this Notice**

This notice is effective June 1, 2014. Updated January 6, 2024.

### **Changes to the Terms of this Notice**

We can change the terms of this notice; the changes will apply to all information we have about you. The new notice will be available in hard copy upon request, in our office, and on our website.