

Wellspring Counseling LLC
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PRIVACY NOTICE TO OUR PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.

Wellspring Counseling LLC is committed to protecting the confidentiality of your health information. This notice describes the ways in which we may use and disclose your protected health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgment of receipt of this notice; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we are permitted to use and disclose your protected health information ("PHI"). **To the extent state law requires your consent to these disclosures, we, of course, would not make the disclosure without first obtaining your consent.** If state law does not require your consent, we are permitted to use and disclose your PHI for these purposes without a consent or authorization.

For Treatment Services: Aaron may use your PHI with your signed consent to coordinate care and treatment with other providers.

For Payment: Aaron may use and disclose PHI so that the treatment and services you receive at his office may be billed to, and payment may be collected from, you, an insurance company, or other third party. Examples of such uses and disclosures include, but are not limited to, providing your health plan information about services you received so that it will pay us or reimburse you for the same, notifying your health plan about treatment you are scheduled to receive in order to obtain prior approval for such treatment or to determine whether the plan will cover such treatment, and providing information to third party payers so that they may review the treatment provided to ensure that appropriate care was rendered. Aaron may also disclose your PHI to other health care providers, health care clearinghouses, and health plans to assist in their billing and collection efforts.

To Others Involved in Your Healthcare: A release of information will be obtained from you, if you desire to have others involved in your treatment. For example if you have a family member or close friend, that will be involved in your treatment, assisting with payments, or helping with scheduling.

As Required by Law: Aaron may use or disclose your PHI to the extent we are required to do so by federal, state, or local law. For example, Aaron may disclose PHI about you for the following purposes: (i) for judicial and administrative proceedings pursuant to legal authority; (ii) to report information related to victims of abuse, neglect or domestic violence; and (iii) to assist law enforcement officials in their law enforcement duties.

For Public Health Activities: Aaron may disclose PHI about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities authorized by law.

Coroners, Medical Examiners and Funeral Directors: Aaron may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. Aaron may also release PHI about you to funeral directors as necessary for them to carry out their duties.

For Research: Aaron may use and disclose PHI for research purposes, provided he has taken established measures to protect your privacy. For instance, Aaron must obtain your authorization to use or disclose PHI for research purposes unless such authorization requirement is altered or waived by an Institutional Review Board or other authorized privacy board or unless we enter into a data use agreement with the recipient of the information and only use or disclose information in a “limited data set” in accordance with such agreement.

For Fundraising: Aaron may disclose limited PHI about you to business associates or institutionally related foundations for the purpose of raising funds for the benefit of the Center. If you do not want Aaron to use or disclose your health information for fundraising efforts, you must notify him in writing.

For Health and Safety: Aaron may use or disclose PHI about you if he, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of others. Any disclosure, however, would only be made to someone reasonably able to help prevent or lessen the threat.

Employers: Aaron may disclose your PHI to your employer if he provides you with health care services at your employer’s request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. He will tell you when we make this type of disclosure.

Government Functions: Aaron may disclose your PHI in connection with specialized government functions such as the protection of public officials or reporting to various branches of the armed services.

Legal Proceedings: Aaron may disclose your PHI when we receive a court or administrative order.

Law Enforcement: When a law enforcement official requests your PHI, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. Aaron may also disclose PHI about the victim of a crime; about a death he believes may be the result of criminal conduct; about criminal conduct at the office; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.

Correctional Institutions: Aaron may disclose PHI about you to a correctional institution or a law enforcement official if you are in their custody provided that the disclosure is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

Workers Compensation: Aaron may use or disclose PHI about you as authorized by laws relating to workers’ compensation or other similar programs.

Appointment Reminders: Aaron may use your PHI to provide appointment reminders via telephone (including leaving messages on your answering machine) or through the mail (including by postcard). He may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: Information may be shared with third party “business associates” that perform various activities for Aaron or on his behalf. Whenever such an arrangement involves the use or

disclosure of your PHI, he will have a written contract with such third party that contains terms designed to protect the privacy of your PHI.

For Surveys: Aaron may use and disclose your protected health information to contact you to assess your satisfaction with his services.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure permitted by the authorization. If you revoke your authorization, Aaron will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, he is unable to take back any disclosures that have already been made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions: You have the right to request Aaron to place restrictions on the way he uses and discloses your PHI for treatment, payment or healthcare operations. You must make your request for restrictions in writing. However, Wellspring Counseling LLC is not required to agree to these restrictions. If Aaron does agree to a requested restriction, he may not use or disclose your PHI in violation of that restriction, unless it is needed for an emergency.

Access to PHI: You have the right to look at or receive a copy of your PHI contained in a “designated record set,” with a few exceptions. You do not have the right to look at or receive a copy of any psychotherapy notes in your file. You must make your request and provide Aaron with the specific information needed to fulfill your request. Aaron may deny your request in certain limited circumstances and in some cases.

Amendment of PHI: You have the right to request us to amend any PHI about you that is contained in a “designated record set” and which is incomplete or inaccurate. This amendment will be added to your record.

Accounting of Certain Disclosures: You have the right to request Aaron to provide you with an accounting of certain disclosures made of your PHI.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice, even if the notice was originally sent to you electronically. You may ask us to give you a copy of this notice at any time.

QUESTIONS AND COMPLAINTS

For additional information or if you have any questions regarding Wellspring’s privacy policy, please discuss this with your therapist.

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the Wellspring Counseling LLC by contacting Aaron Scharenberg at (316) 680-2449. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. Send your complaint to: Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201; or contact the Voice Hotline Number (800) 368-1019; or send the information to their internet address www.hhs.gov/ocr. We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other government agency.