



Psychological and Assessment Services, LLC

Dr. Danielle A. Wahba, Psy.D.
360 Towne Center Blvd, Suite C-1
Ridgeland, Mississippi 39157
(508) 980-5225 (Phone)

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 this carefully.**

Patient Privacy

At Family Works, LLC, your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical (protected health) information. We also follow state guidelines regarding how long we must store your medical records and the requirements for proper disposal.

Protected Health Information

Protected health information (PHI) is any information about your past, present, or future health care, or payment for that care that could be used to identify you. Family Works employees and our business associates may only access the minimum amount of protected health information they need to complete their assigned tasks.

Use and Disclosure of PHI

We use and disclose your protected health information to treat you, to obtain payment for services, and to conduct normal business known as health care operations. We may also share information with a contracted business associate who must meet our privacy and security requirements. Examples of how we use and disclose your information include:

- *Treatment* – We document each visit. Documentation may include an initial assessment, diagnoses, treatment goals,

response to treatment, etc. This helps us to provide the best care to meet your needs.

- *Payment* – We may use and share personal information to bill and get payment from your insurance company or other entities. This is generally restricted to your name and other personal identifiers (e.g., address, relevant identifying information), diagnostic and treatment codes, dates of services, and any similar information. We may tell your health plan about upcoming treatment or services that require its prior approval.
- *Health Care Operations* - We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Other uses and disclosures not described in this notice may be made with your signed authorization. For example, you can sign an authorization to allow us to share information with your family, close friends, or others involved in your care. You may cancel your authorization, in writing, at any time.

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations include:

- For public health activities such as tracking and preventing diseases
- To protect victims of suspected abuse, neglect, or domestic violence

- To prevent or reduce a serious threat to anyone's health or safety
- For federal and state health oversight activities such as fraud investigations
- In response to a court or administrative order or subpoena
- If required by law or for law enforcement
- For organ donation
- To assist coroners, medical examiners, and funeral directors when an individual dies
- For specialized government functions such as national security and intelligence
- To assist with workers' compensation claims if you are injured at work

Our Responsibilities

Family Works, LLC is required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facility and available from your clinician.

Your Rights

You have the right to:

- Inspect and request either a paper or electronic copy of your medical records (fees will apply)*
- Request a correction to your medical information (reason required)*
- Request that we use a specific telephone number or address to communicate with you
- Request that we limit how we use or disclose your medical information (we are not required to agree to your request)

- Request that we limit certain disclosures of your medical information to your health plan if a service is paid in full out-of-pocket*
- Receive an accounting of how your medical information was disclosed (this excludes disclosures for treatment, payment, health care operations, and some required disclosures; fees may apply)*
- Obtain a paper copy of this notice even if you receive it electronically
- Register a complaint – see “To Contact Us” section of this notice

* Request must be in writing

To Contact Us

If you have questions about this notice, you can discuss them with your clinician at Family Works. If you would like to exercise your rights or if you feel your privacy rights have been violated, you can speak with your clinician or another Family Works associate. All complaints will be investigated, and you will not suffer retaliation for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or sending a letter to:

200 Independence Avenue, S.W.
Washington, D.C. 20201