

Full Circle Therapy, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Full Circle Therapy is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance of federal regulations.

By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

Summary

This Notice describes how we use your health information within Full Circle Therapy, disclose it outside Full Circle Therapy, and why.

This Notice Covers:

- Uses or disclosures which do not require your written authorization.
 - Treatment, payment, and health care operations.
 - Uses or disclosures which require your written authorization.
 - Uses or disclosures required or permanent.
- Uses or disclosures that require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date and acknowledgement.

Uses or Disclosures Which Do Not Require Your Written Authorization

Treatment, Payment, Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain or help you to obtain payment for your treatment; and to conduct health care operations. For example:

- For treatment, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care. We also disclose your healthcare information for treatment to sidewalkers, leaders, and students within our agency.
- For payment, we use your health care information to prepare documentation required by your insurance company or third party payer. We only disclose:

- that part of your health information that these organizations require for payment.
- For healthcare operations we use or disclose your information to improve the quality of services and to evaluate staff performance.

Use or Disclosures to Which You May Object

We may use or disclose your information for the following purposes unless you ask us not to:

- Informing family or friends. We may inform family or friends or others identified by you and involved in your care.
- Assistance in disaster relief efforts.
- We may contact you or your family for fundraising activities. To opt out contact the HIPPA Compliance Officer.
- Confirming your visits to us and other appointments.
- Informing you about health benefits or other treatment alternatives that may be of interest to you.

If you object to any of these, please contact the HIPPA Compliance officer.

Use or Disclosures Required or Permitted

Where we are required to do so, we may disclose your information with your written permission:

- Federal government investigations by the Secretary of Health and Human Services to determine compliance with federal regulations.
- Federal State or Local requirements.
- Public health activities to report diseases or Food and drug Administration issues.
- Reporting Abuse, neglect or domestic violence.
- Health oversight activities by a health oversight committee, namely a government agency, such as civil rights agency.
- Judicial or administrative proceedings, such as responding to a court order or subpoena.
- Law enforcement purposes, such as reporting wounds or physical injuries or to locate a fugitive, material witness or missing person.
- Use by coroners, medical examiners or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veteran's affairs, national security, and intelligence activities.
- Workers' compensation.

Uses or Disclosures Which Require Your Written Authorization

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any purpose in particular.

- Use of therapy notes beyond treatment, payment, or health care operations.
- Marketing of goods and services to you.

Your Rights As A Patient To Privacy Of Your Health Information

Right To Request Restrictions

You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction.

Right To Request Confidential Communications

You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.

Right to Request Access to Your Health Information

You have the right to request access to your health information to inspect it or to copy it. Your request must be in writing. We may deny your request and, if so you have the right to review the denial. However, we will make every effort to honor your request.

Right to Request and Amendment of Your Health Information

You have the right to request an amendment of your health information. Your request must be in writing and must explain why the amendment is requested. We may deny your request and, if so you have the right to review the denial. However, we will make every effort to honor your request.

Right to Request an Account of Disclosures of Your Health Information

You have the right to request an account of disclosure of your health information for purposes of treatment, payment and healthcare operations. We will make every attempt to honor your request. We are not required to give an account prior to April 14, 2003 or 6 years prior to the date of your request.

Right to Obtain a Paper Copy of this Notice

If you received this notice electronically and signed off on it in the consent for services form; then, you have a right to request a paper copy or to go to fullcircletherapy.org to download a copy at any time.

To act on any of these rights contact Jennifer Allen, DPT, HPCS, the HIPPA COMPLIANCE OFFICER.

Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information
- We must inform patients or their legal representatives of our legal duties and privacy practices regarding their health information. This note discharges that duty.
- We must adhere to the current Notice in place.
- We reserve the right to change this notice at any time. You have the right to obtain a copy at any time from fullcircletherapy.org.

HIPPA Omnibus Rule Changes as of September 23, 2013: Security Rule, Privacy Rule, and Breach of Notification

- Your protected health information may be placed on electronic devices and transmitted electronically, every effort will be made to secure it via passwords and firewalls. However, breaches may happen.
- In the event of a breach, you will be notified by Full Circle to let you know what happened, who or what was responsible and what actions, if any are needed. The Department of Health and Human Services will also be notified.
- Additionally, all business associates will be required to acknowledge that they are aware of our business practices and that they will maintain the privacy and security of your health information.
- Please be aware that Full Circle does use unencrypted and unsecured e-mails from time to time. If you wish not to receive your information in this way; then, please notify us in writing of that.
- Finally, we acknowledge that we only have 30-days to respond to your request for information on disclosures.

Complaints, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and to the Secretary of Health and Human Services if you believe that your rights have been violated.
- You will not be retaliated against for filing a complaint
- You may file your complaint by contacting our HIPPA COMPLIANCE OFFICER at 615-545-4271 or fullctherapy@aol.com.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services
 US Department of Health and Human Services
 200 Independence Ave, SW
 Washington DC 20201
 (source: www.hhs.gov)

- For further information you may write or call Full Circle Therapy, PLLC.
 - This notice is in effect April 14, 2003 and was modified September 1, 2013.
- By signing the consent form you acknowledge receipt and understanding of this notice.