



HIPAA NOTICE OF PRIVACY PRACTICES
February 1, 2016

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully and sign where indicated to acknowledge your understanding of the information.

WesterWell is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. WesterWell is required by law to abide by the terms of this Notice.

How your medical information will be used and disclosed:

We will use your medical information as part of rendering patient care. For example, the business office may use your medical information to process your payment for services rendered or administrative personnel may use your medical information to review the quality of the care provided.

We may also use and/or disclose your information in accordance with Federal and State law without your consent for the following purposes:

- **Appointment Reminders** – to provide appointment reminders
- **Treatment Information** – other alternative treatments or health-related services that may be of interest to you
- **Law Enforcement** – as required during an investigation
- **Legal Proceeding** – in the course of certain judicial or administrative proceeding.
- **Public Safety** – to prevent or lessen serious threat to the health or safety of the public
- **Military Activity and National Security** – to military command for their military records or other federal officials conducting national security and intelligence activities for protective services for the President
- **Workers' Compensation** – as authorized to workers' compensation or similar programs
- **Inmates** – to the correctional facility or law enforcement official for your proper care
- **Abuse or Neglect** – when it concerns abuse, neglect or violence in accordance to Federal or State law
- **Coroner, Medical Examiner or Funeral Director** – for identification of a body or to determine cause of death
- **Food and Drug Administration** – to report adverse events, product recalls or to make repairs or replacements
- **Research** – for certain research purposes if an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your information {GA Code Ann. § 31-7-6(b)}
- **Department of Health and Human Services** – for public health purposes to help control disease, injury or disability, as well as to a person who may have been exposed to a communicable disease or at risk of contacting or spreading a disease or condition
- **Health Oversight Activities** – for activities authorized by law, such as audits, investigations or inspections. Oversight agencies seeking this information include government agencies that oversee healthcare systems, government benefit programs and other government regulatory programs and civil rights law
- **Disaster Relief** – to a public entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts
- **Facility Directory** – your name and the location at which you are receiving care in our facility directory to be used only when someone calls and asks for you by name, unless you object
- **Business Associates** – to provide services on our behalf. We require our business associates to appropriately safeguard the health information of our patients and we require that they sign a contract as our Business Associate.

We will not use or disclose your medical information for any other purpose than those stated above without your written authorization.

AUTHORIZATIONS

Authorizations are required for:

- Most uses and disclosures of psychotherapy notes, where appropriate
- For marketing purposes
- Disclosures that constitute sale of protected health information

Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Medical Records
WesterWell

SUMMARY

By law, we are required to provide you with our Notice of Privacy Practices (NOPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

- The right to inspect and copy your information.
- The right to request corrections to your information.
- The right to request that your information be restricted.
- The right to request confidential communications.
- The right to a report of disclosures of your information.
- The right to a paper copy of this Notice.
- The right to file a complaint if you feel your privacy has been violated.
- The right to opt-out of fundraising communications. (The WesterWell does not contact patients for fundraising.)
- The right to restrict certain disclosures of your protected health information to a health plan when you have paid out of pocket in full for the healthcare item or service.
- The right to be notified following a breach of unsecured protected health information.

We want to assure you that your medical/protected health information is secure with us.

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have read WesterWell's **NOTICE OF PRIVACY PRACTICES**. I understand that I may request a copy of this Notice. I further understand that if I have questions or complaints regarding my privacy rights, I may contact the Privacy Officer at 706-324-6661 or 800-331-2910.

Patient or Representative Name (Please print)

Patient or Representative Signature

Date

☐ Patient refused to sign

☐ Patient was unable to sign because _____

Documented by: _____