



Notice of Privacy Practices

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

I. Our Responsibilities:

We reserve the right to change this Notice of Privacy Practices and to make any new Notice of Privacy Practices effective for all protected health information that we maintain. Any new Notice of Privacy Practices adopted will be posted on our website and can be made available at your next appointment.

II. What is Protected Health Information (PHI):

Protected Health Information (PHI) is demographic and individually identifiable health information that will or may identify the patient and relates to the patient's past, present, or future physical or mental health or condition and related health care services.

- **Uses and Disclosure of Information**
 - Under feral law, we are permitted to use and disclose Personal Health Information without authorization for; treatment, payment, and/or other health care operations.

III. What does Health Care Operations Include?

Healthcare operations include activities such as communications among healthcare providers, conducting quality assessments and improving activities; evaluating the qualifications, competence, and performance of healthcare professionals; training future healthcare professionals; and other related services that may be a benefit to you such as case management and care coordination; contracting with insurance companies; conducting medical review and auditing services; compiling and analyzing information in anticipation of or for use in legal proceedings; and general administrative and business functions.

IV. How is Medical Information Used?

We use medical records as a way of recording health information, planning care and treatment, and as a tool for routine healthcare operations. Your insurance company may request information such as procedure and diagnosis information that we are required to submit to bill for the treatment we provide to the patient. Other healthcare providers or health plans reviewing your records must follow the same confidentially laws and rules required of us.



V. How Medical Information may be used for Treatment, Payment, or Healthcare Operations:

- To justify needed patient care services (i.e., lab tests, prescriptions, treatment protocols, research inclusion criteria)
- To establish a treatment plan

- We may disclose Protected Health Information to another provider for treatment (i.e., referring physicians, specialists, and providers, therapists, etc.)
- We may submit claims to your insurance company containing medical information and we may contact their utilization renewal department to receive pre-certification (prior approval for treatment). We will submit only the minimum amount of information necessary for this purpose.
- We may use the emergency contact information you provided to contact you if the address on records is no longer accurate.
- We may contact you to remind you of your appointment by calling you or mailing you a postcard.
- We may contact you to discuss treatment alternatives or other health-related benefits that may be of interest.

VI. Why do I have to sign a Consent Form?

When you, as the parent or guardian of a patient, sign a consent form, you are giving us permission to use and disclose Protected Health Information for the purposes of treatment, payment, and healthcare operations. This permission does not include psychotherapy notes, psychosocial information, alcoholism and/or drug abuse treatment records, and other privileged categories of information without requiring a separate authorization. You will need to sign a separate authorization to have Protected Health Information for any reason other than treatment, Payment, or healthcare operations.

VII. What are Psychotherapy Notes?

Psychotherapy notes are notes recorded (in any medium) by a mental health professional documenting and/or analyzing the content of conversations during a private counseling session, or a group, joint, or family counseling session that are separate from the rest of the patient's medical records. Psychotherapy notes exclude medication prescriptions and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

VIII. What is Psychosocial Information?

Psychosocial information is information provided regarding your social history and counseling or psychiatric services you have received before treatment with PWH.



IX. Why do I have to sign a Separate Authorization Form?

In order to release patient Protected Health Information for any reason other than treatment, payment, and healthcare operations, we must have an authorization signed by the patient or the parent or legal guardian of the patient that clearly explains how they wish the information to be:

- Psychosocial information
- Use of information in scientific and educational publications, presentations, and materials
- To provide information to anyone other than the patient, provider, billing company, or insurance company including but not limited to the spouse, children, and/or parents of the patient.

X. Can I Change my Mind and Revoke an Authorization?

Yes, you may change your mind and revoke an authorization, except (1) to the extent that we have relied on the authorization up to the point, (2) the information is needed to maintain the integrity of the research study, or (3) if the authorization was obtained as a condition of obtaining insurance coverage. All requests to revoke an authorization should be in writing.

XI. Sharing Information with Business Associates:

There are some services provided through contracts with business associates. Examples include billing services and transcription services. When these services are contracted, we may disclose your health information to the business associate so they can perform the job we have contracted them to do.

Premier Wellness Healthcare (PWH) is contracted with Patient Medical Claims Assistance, LLC (PMCA) allowing PMCA to perform billing services including but not limited to; performing Verification of Benefits, claim submissions, applying insurance and patient payments, and generating statements.

XII. When is my Authorization/Consent not Required?

The law requires that some information may be disclosed without your authorization in the following circumstances.

- In case of an emergency
- When there are communication or language barriers
- When required by law
- When there are risks to public health
- To conduct health oversight activities
- To report suspected child abuse, child neglect, or abuse/neglect to other disabled persons
- To specified government regulatory agencies
- In connection with judicial or administrative proceedings
- For law enforcement purposes
- To coroners, funeral directors, and/or for organ donation
- In the event of a serious threat to health or safety



Premier Wellness Healthcare
103 N Main Street
Bel Air, MD 21014
888-333-1345
www.prewellhealth.com

XIII. What if I have a Question/Complaint?

If you have questions regarding your privacy rights, please contact your clinician. If you believe your privacy rights have been violated, you may file a complaint by contacting our office, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

The address for the Secretary of the Department of Health and Human Services is:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov
<<https://www.hhs.gov/hipaa>>