



Woodhaven Counseling Associates, Inc.

12001 Q Street • Omaha NE 68137
Voice: 402 592-0328 • Fax: 402 592-4170

NOTICE OF PRIVACY PRACTICES

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

Our Privacy Promise:

Woodhaven Counseling Associates (WCA) understands that your medical and healthcare information is personal. Protecting your health information is important. We follow – and often exceed – strict federal and state laws that require us to maintain the confidentiality of your health information.

Our Responsibilities As Required By Law:

Maintain the privacy of your health information; Provide this Notice that describes the ways we may use and share your health information; and Follow the terms of this Notice. We reserve the right to make changes to this Notice at any time and make the new privacy practices effective for all information we maintain. Current Notices will be posted in the WCA office and on our website. You may also request a printed copy of the Current Notice from any WCA therapist or office staff member.

What is included in your Protected Health Information (PHI):

Your PHI is likely to include information such as: dates and types of service; physical health history; mental health history; reasons you came for treatment; symptoms; diagnoses; treatment plan; progress toward treatment goals; records we receive from others; psychological test scores and reports; medication information; insurance or managed care information; and billing information. Other similar information may also be part of your PHI.

Psychotherapy Notes are not included in your PHI.

The release of psychotherapy notes requires a separate written consent form. Psychotherapy Notes are those notes documenting or analyzing the contents of a conversation with a client or clients during an individual counseling session or a group, joint, or family counseling session, and are separate from the rest of your medical and mental health records.

How We May Use Your PHI:

When you receive care from WCA, we may use your health information for your treatment, payment, and/or billing for services, and conducting our normal business known as Health Care Operations. Examples of how we use your information in these three areas include:

Treatment – We keep records of the care and services we provide you. Other providers use these records in meeting your treatment needs. For example, your therapist may communicate with your primary care physician or psychiatrist to coordinate your care. We may provide your physician or other healthcare provider with copies of reports to aid him or her in treating you.

Payment – We keep billing records that include payment information and documentation of the services provided to you. This information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that require prior notice or approval (precertification).

For example, we may send a statement to your insurance company. This statement may include information that identifies you, your diagnosis, and dates of service.

Healthcare Operations – We use health information to improve the quality of our services, train staff, provide customer service, manage costs, and conduct required business duties. For example, we may use your health information to evaluate the quality of treatment and services provided by our mental health professionals.

Before you see your provider, you will be asked to sign a consent form allowing us to use and share your protected health information (PHI) with other people or agencies so that we can provide your treatment, arrange for payment, and conduct healthcare operations as explained above. This consent is necessary to provide proper care. If you choose not to sign the consent form, we will not be able to treat you.

Please talk with us if you have questions or concerns.

We may also use your PHI to:

- Recommend treatment alternatives, or to tell you about health and mental health services and products (like self-help books) that may benefit you
- When appropriate, and using our best judgement, we may share with a family member, other relative, close personal friend, or any other person you identify, limited information that is relevant to that person's involvement in your care.
- Share information with third parties who assist us with treatment, payment, and healthcare operations. Our business associates must agree to protect your information by following our privacy practices
- Remind you of an appointment (if you wish to be reminded, notify an office staff member)

Sharing Your Protected Health Information

There are limited situations when we are permitted, or even required to, disclose health information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For court proceedings, as in responding to subpoenas and court orders
- When requested by law enforcement as required by law or court order
- To public health or other authorities charged with controlling disease, injury or disability; to reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are disabled at work or to government agencies involved in intelligence and national security.
- If you are in the custody of a law enforcement agency, we may release medical/mental health information about you to a law enforcement official
- When otherwise required by law

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with written statement.

You Have The Right To:

- Request restrictions on how we use and share your health information for treatment, payment, and healthcare operations. We will carefully weigh the benefits, but we are not required to agree to any restriction
- Request that we use a specific telephone number or address to communicate with you

- Inspect or copy your PHI, including billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial
- Make corrections or additions to your health information if you feel the information we have about you is inaccurate or incomplete
- Request an accounting of certain disclosures of your health information made by us. An accounting will not include disclosures made for treatment, payment, healthcare operations, and some disclosures required by law. You must state a time period, no longer than six years, and may not include dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
- Request a paper copy of this Notice even if you agree to receive it electronically
- File a complaint if you believe your privacy rights have been violated. **All requests must be made in writing.** Contact the WCA Business Office for the appropriate form for your request.

Contact us for more information

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact your therapist or the Business Manager at Woodhaven Counseling Associates.

We will investigate all complaints and will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with Secretary of the US Department of Health and Human Services. You will not be penalized in any way for filing a complaint.



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ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

This serves as an acknowledgement that you have received a copy of Woodhaven Counseling Associates' Notice of Privacy Practices.

Please fill out the lines below. Thank You!

Signature: _____

Printed Name: _____

Date: _____