

# Full Circle Wellness

## Notice of Privacy Report

**Please review carefully, as this notice explains how and why your medical information may be used, disclosed, and how you can obtain access to this information**

As always, Full Circle Wellness considers patient confidentiality one of the main priorities at this treatment center.

On April 14, 2003, the Balanced Budget Act of 1997 passed new legislation concerning the privacy of your protected health information (PHI). This law is known as HIPAA (Health Insurance Portability and Accountability Act). HIPAA requires that each and every healthcare provider must maintain the privacy of protected health information and provide patients with notice of legalities and privacy practices with respect to protected health information. Hence, this office is required by law to follow the terms of the law that is now in effect.

The health information we receive from you is used for treatment and to evaluate the quality of care you receive. If continuity is part of your treatment, your records may be shared with other healthcare providers. Information can be shared via paper mail, email, or fax. Furthermore, we have the right to disclose identifiable health information about you without your consent for public health purposes such as reporting communicable diseases, birth, death, injury and child abuse or neglect; for auditing and research studies; and for emergencies. We also may provide information when required by law. Contact with you may also occur in the form of appointment reminders and referrals. In any other situation, we will ask for your written permission before using or disclosing any personal health information about you. If you do sign and authorize to disclose information, you may, at any time, request to revoke all or some of the authorization to limit or stop any future uses or disclosures.

Additionally, you reserve the right to see and receive a copy of any and all information that is contained in your medical record or chart at this office. Any requests must be made in writing. This includes information that other providers may have sent to this office. Exceptions to your access rights include psychotherapy notes and information that may be used in civil, criminal, or administrative proceedings. As well as protected health information maintained by Full Circle Wellness that is subject to the Clinical Laboratory Improvements Amendments of 1988.

Full Circle Wellness has the right to deny your access request based on the following circumstances:

1. A licensed health care provider has determined that the access requested is likely to endanger the life or physical safety of you or another.
2. The protected health information refers to another person and a licensed health care provider has determined that the access requested is likely to cause harm to that person mentioned.
3. The request for access is made by a third party and the licensed health care provider has determined that granting access is likely to cause harm to you or another person.

We also have the right to deny access without providing an opportunity for review in the following circumstances:

1. Access to the [protected health information is contained in records that are subject to the Privacy Act, 5 U.S.C. ,552a
2. Access may be denied if the protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the request would be likely to reveal the source of the information.

Full Circle Wellness has 30 days to act on a written request for access to your records unless the requested information is not maintained or accessible at this office in which case, we may take 60 days to act on your request. We will respond in writing to your request and provide you with the anticipated date that we will complete our action. If access is granted, we will provide whatever information was requested. If access is denied, we will inform you in writing and provide you with the reasons for the denial, a statement regarding your right to request a review of the decision and information on how to issue that request. We will also give you access to any other protected health information after excluding the portion of the information for which access is denied.

If you believe that some or all information in your medical record is incorrect or if information is missing, you have the right to ask us to correct the existing information or add the missing information. This request must be submitted in writing and include the reason that supports the requested amendment. Full Circle Wellness must act on a request for amendment within 60 days of the receipt of request. The acceptance or denial of a request to amend your health information will follow the same process as requests for access described above. If you request to amend your records and receive approval from another physician, we will also amend our records to reflect any changes that were made at your other physician's office.

You do have the right to an accounting of disclosures of all your protected health information released by this office in the past EXCEPT disclosures for purposes of treatment, payment and healthcare operations, protected health care information for other individuals, facility directory and/or individuals involved in your care, for national security or intelligence purposes, to correctional institutions or law enforcement, or any information that occurred prior to the compliance date of April 14, 2003. You have the right to a paper copy of this notice regardless of whether you have received a prior copy either in printed or electronic format.

This accounting will include the date of the disclosure, the name of the person who received the health information and their address, a copy of the written request for the disclosure that informs you on the reason for the disclosure. If we have made disclosure of the protected health information for a particular research purpose for 50 or more patients, the accounting will provide additional information about the disclosure and the research purposes.

You have the right to request a restriction on the use and disclosure of some information, even those disclosures or uses related to treatment, payment, or healthcare operations. This request must be submitted in writing. However, Full Circle Wellness is not required to automatically agree to such a restriction request. If Full Circle Wellness does agree to the restriction request, we will document the specified restriction. Please know that Full Circle Wellness may still disclose the restricted information if the individual who requested the restriction is in need of emergency treatment and the health information is needed to provide that treatment. In those circumstances, we may use restricted information or may disclose the information to a health care provider to provide emergency treatment for you. If we must disclose or use restricted information in this manner, we will request that the provider not further use or disclose that information beyond the emergency treatment.

Full Circle Wellness may also terminate our agreement to a restriction if you agree to or request the termination of a restriction in writing or you verbally agree to terminate the restriction and the verbal agreement is documented. Full Circle Wellness can also inform you that we are terminating our agreement to a restriction with the information created, received or obtained to be restricted effective AFTER the date of termination notice to you.

Full Circle Wellness will keep on file the names of persons or offices responsible for receiving and processing requests for access and changes from all patients and will keep documentation of any and all requests. Any and all documentation requests relating to access, requests for restrictions, requests for amendments, and requests for accounting disclosures will be kept in the Full Circle Wellness office for 6 years from the date it was created or the date it was last in effect, whichever is later.

Finally, you have the right to complain about any perceived privacy violations or if you disagree with a decision we made regarding access to your records. You may

contact the Secretary of the Department of Health and Human Services at 200 Independence SW, Washington D.C., 20201. Please know that the law protects from retaliation to anyone who chooses to exercise this right.

Full Circle Wellness may change the policies at any time. Before making any significant changes to the policies, we will modify this notice and post the new one in the waiting area. You may also request a copy of this notice at any time. We are required by law to protect the privacy of your personal health information, provide this notice about our information practices, follow the information practices we described in this notice, and obtain your written acknowledgement that you have read this notice, been given the chance to ask any questions regarding this notice, and have been given a copy of this notice if you requested one.

***After Reading Please Acknowledge with  
Signature on page 2 of Disclosure Statement***