



Well Baby Center®
Notice of Privacy Practices
Health Insurance Portability and Accountability Act (HIPAA)

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

II. Well Baby Center® (WBC) HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

WBC is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that WBC has created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. WBC must provide you with this Notice about its privacy practices, and such Notice must explain how, when, and why WBC will “use” and “disclose” your PHI. A “use” of PHI occurs when WBC shares, examines, utilizes, applies, or analyzes such information within its practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of its practice. With some exceptions, WBC may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, WBC is legally required to follow the privacy practices described in this Notice.

However, WBC reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with WBC already. Before WBC makes any important changes to its policies, WBC will promptly change this Notice and post a new copy of it in its offices. You can also request a copy of this Notice from WBC, or you can view a copy of it in the WBC offices.

III. HOW WBC MAY USE AND DISCLOSE YOUR PHI.

WBC will use and disclose your PHI for many different reasons. For some of these uses or disclosures, WBC will need your prior written authorization; for others, however, WBC does not. Listed below are the different categories of the uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent. WBC can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. WBC can use your PHI within its practice to provide you with mental health treatment, including discussing or sharing your PHI with WBC staff. Additionally, WBC can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, WBC can disclose your PHI to your psychiatrist to coordinate your care.

2. To Obtain Payment for Treatment. WBC can use and disclose your PHI to bill and collect payment for the treatment and services provided by WBC to you. For example, WBC might send your PHI to your insurance company or health plan to get paid for the health care services that WBC has provided to you. WBC may also provide your PHI to its business associates, such as billing companies, claims processing companies, and others that process WBC health care claims.

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3. For Health Care Operations. WBC can use and disclose your PHI to operate its practice. For example, WBC might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. WBC may also provide your PHI to its accountant, attorney, consultants, or others to further its health care operations.

4. Patient Incapacitation or Emergency. WBC may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as WBC tries to get your consent after treatment is rendered, or if WBC tries to get your consent but you are unable to communicate with WBC (for example, if you are unconscious or in severe pain) and WBC thinks that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization. WBC can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, WBC may have to make a disclosure to applicable governmental officials when a law requires WBC to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, WBC may have to use or disclose your PHI in response to a court or administrative order. WBC may also have to use or disclose your PHI in response to a subpoena.

3. When law enforcement requires disclosure. For example, WBC may have to use or disclose your PHI in response to a search warrant.

4. When public health activities require disclosure. For example, WBC may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

5. When health oversight activities require disclosure. For example, WBC may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

6. To avert a serious threat to health or safety. For example, WBC may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.

7. For specialized government functions. If you are in the military, WBC may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments and to inform you of health-related benefits or services. For example, WBC may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that WBC offer that may be of interest to you.

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C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to Family, Friends, or Others. WBC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, WBC will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that WBC has not taken any action in reliance on such authorization) of your PHI by WBC.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Restrictions on My Uses and Disclosures. You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that WBC restricts or limits disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care.

Please submit such requests to WBC in writing. WBC will consider your requests, but WBC is not legally required to accept them. If WBC does accept your requests, WBC will put them in writing and will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that WBC is legally required to make.

B. The Right to Choose How WBC Sends PHI to You. You have the right to request that WBC send confidential information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). WBC must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide WBC with information as to how payment for such alternate communications will be handled. WBC may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

C. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to inspect and receive a copy of the PHI that WBC retains, but you must make the request to inspect and receive a copy of such information in writing. If WBC doesn't have your PHI but knows who does, WBC will tell you how to obtain it. WBC will respond to your request within 30 days of receiving your written request. In certain situations, WBC may deny your request. If so, WBC will tell you in writing my reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, WBC will charge you not more than \$.25 for each page. At the discretion of your WBC treatment provider, WBC may provide you with a summary or explanation of the PHI you request.

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D. The Right to Receive a List of the Disclosures WBC Has Made. You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which WBC has disclosed your PHI. The list will not include disclosures made for WBC treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or, disclosures made before April 14, 2003.

WBC will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list WBC will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. WBC will provide the list to you at no charge, but if you make more than one request in the same year, WBC may charge you a reasonable, cost-based fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that WBC correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. WBC will respond within 60 days of receiving your request to correct or update your PHI. WBC may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by WBC, (iii) not allowed to be disclosed, or (iv) not part of WBC records. WBC's written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and WBC's denial be attached to all future disclosures of your PHI. If WBC approves your request, WBC will make the change to your PHI, tell you that they have been made, and tell others that need to know about the change to your PHI.

F. The Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that WBC may have violated your privacy rights, or you disagree with a decision WBC made about access to your PHI, you may file a complaint with the person listed in Section VI. below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. WBC will take no retaliatory action against you if you file a complaint about its privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT WBC PRIVACY PRACTICES

If you have any questions about this notice or any complaints about WBC privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the California Association of Marriage and Family Therapists www.camft.org

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.