

WINGSPAN CARE GROUP NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Understanding Your Health Record/Information

Throughout this notice you will see the term “you” or “your.” “You” or “your” refers to you if you are receiving health services from Wingspan Care Group or your child if you are the legal custodian of a minor child receiving healthcare services from Wingspan Care Group.

Each time you see a healthcare provider, a record of the visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. Your record may also include information received by another source, such as from another healthcare provider. This information, often referred to as the health or clinical record, serves many purposes, including as a:

- Basis for planning, care, and treatment
- Basis for billing, claims management, and collection activities
- Means of communication among the many health professionals who contribute to you/your child’s care
- Legal document describing the care received
- Means by which you or a third-party payer can verify that services billed were actually provided

Understanding what is in the record and how health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access health information
- Make more informed decisions when authorizing disclosure to others

The purpose of this notice is to describe how your health information may be used and your rights and choices with regard to those uses.

II. How the Agency May Use and Disclose Your/Your Child’s Health Information

We typically use or share your health information in the following ways:

Treatment: We may use and disclose your health information during the course of your treatment without written authorization so that we may provide, coordinate, or manage your care and related services. For example, if you need a test that we do not provide onsite, we may share your information with a lab to have the test performed.

Payment: We may use and disclose health information about you that is necessary to bill and be paid for services provided to you. For example, we may share your health information with your health insurance plan so it will pay for services.

Health Care Operations: We may use and disclose your health information without your written authorization in order to perform business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use information in your health record to assess the care provided in your case and others like it. This information will be used in an effort to improve the quality of patient care. Your protected health information may also be used to resolve any complaints you have.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include accounting services, document shredding services, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however we require the business associate to appropriately safeguard your information.

Communications from Us to You: We may use your information to contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may also contact you for fundraising purposes. For example, we may contact you if we are trying to raise money for Wingspan Care Group. If we contact you for fundraising purposes, we will do so in a way that does not identify you as a recipient of our services. If you would like, you can opt out of receiving communications for fundraising purposes by telling us that you do not want to be contacted for fundraising.

In certain special circumstances, we are allowed, and sometimes required, to use or disclose your health information without your authorization. We must always disclose your information in accordance with the law. We may share your health information without your permission in the following circumstances:

Uses or Disclosures Required By Law: We may share your health information if we are required to do so by federal, state, or local law. Any disclosure will be strictly limited to the requirements of the law.

Uses or Disclosures For Public Health Activities: We may share your health information with public health authorities or other authorized persons to help with public health and safety issues. The reason for sharing your information may be to:

- Prevent or control disease, injury, or disability;
- Report certain disease, injury, birth, or death;

- Report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to the quality, safety, or effectiveness of FDA-regulated products or activities;
- Locate and notify persons of recalls of products they may be using; or
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

Uses or Disclosures Regarding Abuse, Neglect, or Domestic Violence: We may share your health information with certain authorities to report known or suspected child abuse or neglect. We may also share your health information with certain authorities if we reasonably believe that you have been a victim of domestic violence, abuse, or neglect.

Uses or Disclosures for Health Oversight Activities: We may share your health information with a health oversight agency performing oversight activities authorized by law. Such activities could include, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by agencies required by law to take specified actions to monitor the health care system, certain government funded healthcare programs, and compliance with specific laws.

Uses or Disclosures for Lawsuits and Other Legal Proceedings: We may share your health information in response to a court or administrative order, or in response to a subpoena.

Uses or Disclosures for Law Enforcement: In specific circumstances, we may share limited information about you that identifies you to law enforcement officials. For example, we may share your information if it relates to a crime committed at one of our facilities or against one of our employees, but it would be limited to information directly related to the alleged crime.

Uses or Disclosures to Coroners and Medical Examiners: We may share health information with coroners and medical examiners when an individual dies.

Uses or Disclosures for Research: In general, we must obtain written authorization to use and disclose your health information for research purposes but if the research project meets the criteria established by federal law to ensure the ongoing privacy of your health information, we may share your information without your authorization.

Uses or Disclosures to Avert a Serious Threat to Health and Safety: We may use or disclose your health information to prevent or lessen a serious threat to anyone's health and safety. For example, if you disclose to us your plan to cause serious physical harm to another person we may be forced to warn your intended victim and the police.

Uses or Disclosures for Workers Compensation: We may disclose your health information if necessary to comply with laws relating to workers compensation or other similar programs established by law.

Disclosures required by the HIPAA Privacy Rule: We may be required to disclose your health information to the Secretary of the Department of Health and Human Services when directed by the Secretary in order to review our compliance with federal privacy rules.

When we may share your health information once you have been informed and only after you have had the opportunity to agree or object in the following circumstances:

Communications to Individuals Involved in Your Care: If you agree or do not object, we may provide limited health information about you to a family member who is involved in your care or payment for your care. If you are unable to agree or object, we may provide information about you to a family member if your treating provider determines that the disclosure would be in your best interest.

Communications to Disaster Relief Agencies: In a disaster or an emergency situation, we may disclose limited health information about you to disaster relief agencies so that they can notify others about your location, general condition, or death. We will get your permission, if possible; but, if you are unable to give permission because you are incapacitated or not available, we may share your information if your treating provider determines that the disclosure is in your best interest. We do not need to get your permission to share your information if doing so would interfere with the disaster relief organization's ability to respond to an emergency.

In the following situations, we will never share your health information without your written authorization:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
 - Except, we do not need your written authorization to share your psychotherapy notes:
 - For Treatment, Payment, or Health Care Operations.
 - For our training programs in which students, trainees, or practitioners in mental health learn under supervision to practice their skills in counseling.
 - To defend ourselves in a legal action or other proceeding brought by you.
 - If required or permitted by law including disclosures relating to child abuse and neglect, health care oversight activities, coroners and medical examiners, or to prevent or lessen an imminent threat to a person or the public.

III. Your Health Information Rights

Although the health record is our physical property, the information belongs to you. Except for the reasons listed above that describe when we may disclose your health information without your authorization, any other use or disclosure of your health information will be made only with your written authorization.

You also have the right to:

- Ask us to limit what information we use or share
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or a healthcare item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.
- Request confidential communications
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- Get an electronic or paper copy of your medical record
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
 - You can ask us to correct health information about you that you think is incorrect or incomplete.
 - We may say “no” to your request, but we will tell you in writing within 60 days.
- Get a list of those with whom we’ve shared information
 - You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask. The list will include who we shared it with and why we shared it.
 - We will include all the disclosures on the list except for those about treatment, payment, our health care operations, and certain other disclosures (such as those you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within that year.
- Get a copy of this notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to the notice electronically.
- Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- Revoke an authorization
 - You may revoke any authorization to share your health information at any time.
 - We will no longer share your information pursuant to the revoked authorization, unless your information had already been disclosed before we receive your revocation.
- File a complaint if you feel your rights have been violated
 - You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.
 - You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, or by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

IV. Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- Provide this notice to you describing our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should we amend our notice of privacy practices, we will post a copy in a clear and prominent location at our offices and make the notice available at you at our offices or on our website.

We will not use or disclose health information without your authorization, except as described in this notice.

V. For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 216-320-8222.