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(Privacy Protected)

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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.

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our professional guidelines. Because the rules are so complicated, some parts of this Notice are quite detailed and you probably will have to read them several times to understand them. If you have any questions, our Privacy Officer will be happy to help you. His/her name and phone number are at the end of this Notice.

Contents of this Notice

- A. Introduction – To Our Clients
- B. What we mean by your medical information
- C. Privacy and the laws about privacy
- D. How your protected health information can be used and shared
 - 1. Uses and disclosures **with your consent**
 - a. The basic uses and disclosures – For treatment, payment and health care operations (TPO)
 - b. Other uses and disclosures in health care
 - 2. Uses and disclosures **requiring** your Authorization
 - 3. Uses and disclosures **not requiring** your Consent or Authorization
 - 4. An **Accounting** of disclosures we have made
- E. If you have questions or problems

A. Introduction – To Our Clients

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanation or more details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider", information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at our office. In this office, this PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services which we think will best help you.
- Progress notes. Each time you come in, we write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy, we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing, you can ask us to amend (add information to) your record although in some rare situations, we don't have to agree to do that. Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

C. Privacy and the laws about privacy

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices** or **NPP**. We will obey the rules of this notice as long as it is in effect but if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our receptionist at any time and it will be posted on our website at www.omneclinic.com.

D. How your protected health information can be used and shared

When your information is read by me or others in this office that is called, in the law, “**use**”. If the information is shared with or sent to others outside this office, that is called, in the law, “**disclosure**”. Except in some special circumstances, when we use your PHI here or disclose it to others we share only the **minimum necessary** PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses, we must tell you about them and have a written Authorization Form unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

1. Uses and disclosures *with your consent*

After you have read this Notice, you will be asked to sign a separate **Consent form** to allow us to use and share your PHI. In almost all cases, we intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for our services, or some other business functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Re-read that last sentence until it is clear because it is very important.

1a. For treatment, payment, and health care operations

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore you must sign the Consent form before we begin to treat you because if you do not agree and consent, we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called health care operations. Let’s see what these are about.

For treatment

We use your medical information to provide you with psychological treatment or services. These might include individual, family or group therapy, psychological, educational or vocational testing, treatment planning or measuring the effects of our services.

Omne Clinic's policy is to obtain a written authorization from you prior to sharing or disclosing PHI to others who provide treatment to you. Information we receive from others, who provide treatment to you will go into your records here. Omne Clinic, Inc. is a team-oriented clinic, therefore clinicians may consult with other clinicians at Omne Clinic, Inc. to enhance the services provided.

On the Intake Information Form, we ask for your permission to notify the referring medical care provider of your initial appointment at Omne Clinic, Inc. We do this by sending them a note card with your name, date/time of the appointment, the name of the clinician you saw and the clinician with whom you are scheduled for the follow up appointment.

For payment

We may use your information to bill you, your insurance or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress and other similar things.

For health care operations

There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use you PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

1b. Other uses and disclosures in health care

Appointment Reminders. We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us. You will be asked to fill out a form to facilitate this request.

Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases, your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include a copy service we use to make copies of your health record and a billing service who figures out, prints and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

2. Uses and disclosures *requiring* your Authorization

If we want to use your information for any purpose besides the TPO or those we described above, we need your permission on an **Authorization form**.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

3. Uses and disclosures of PHI from mental health records *not requiring* your Consent or Authorization

The laws let us use and disclose some of your PHI without your consent or authorization in some cases.

When Required By Law

There are some federal, state or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer or trying to get a court order to protect the information they requested.
- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

For Public Health Activities

We might disclose some of your PHI to agencies which investigate diseases or injuries.

Relating To Decedents

We might disclose PHI to coroners, medical examiners or funeral directors and to organizations relating to organ, eye or tissue donations or transplants.

For Specific Government Functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate and for national security reasons.

To Prevent A Serious Threat To Health Or Safety

If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. An Accounting of disclosures

When we disclose your PHI, we keep some records of whom we sent it to, when we sent it and what we sent. You can get an accounting (a list) of many of these disclosures.

E. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us, our Clients Rights Advocate, Marcia Van Beek and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Dr. A. Smets (Ms. Lynn Wilson, MSW, in his absence) and can be reached by phone at (715) 832-5454 or by email at OmneClinic@charter.net.

The effective date of this notice is April 14, 2003,