

Notice of Privacy Policies

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.

Introduction

The Wellness Bank, LLC is committed to treating and using protected health information about you responsibly. We are required by federal and state law to maintain the privacy of your protected health information. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (PHI). This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you receive treatment from The Wellness Bank a record of your visit is made. Typically, this record contains your symptoms, examination and test results, treatment, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for planning and marketing,
- A tool with which I can assess and continually work to improve the care I render and the outcomes I achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of The Wellness Bank, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices on request,
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,

- Obtain an accounting of disclosures of your health information other than for treatment, payment and healthcare operations as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

My Responsibilities

The Wellness Bank is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change my practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Uses and Disclosures of Protected Health Information

We may use and disclose PHI about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures that we are permitted to make.

We will use and disclose health information for treatment.

For example: Information obtained by a member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will document in your record your plan of care, treatment and interventions, observations, symptoms, tests and measurements and your response to treatment.

We will also provide your physician, case manager or subsequent health care provider with copies of various reports that should assist him or her in your treatment and care.

We will use and disclose your health information for payment.

For example: A bill may be sent to you or a third-party payer. We may use and disclose your PHI to submit bills to you or a third-party payer for health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for benefits, reviewing services for medical necessity, and performing utilization review of your account.

We will use and disclose health information for regular health care operations.

For example: Health care operations include the business functions conducted by a health care provider. Members of the healthcare staff may use information in your health record to perform transcription duties, as well as assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. These activities may include providing customer services, transcription duties, responding to complaints, conducting review of accounts and other quality assessment and improvement activities.

Business associates: There are some services provided through contacts with business associates with whom we have written agreements containing terms to protect the privacy of your PHI. When these services are contracted, we may disclose your health information to my business associates so that they can perform the job we have asked them to do, which may include billing you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. We may leave a message on your answering machine or on voicemail as a means of communication. We may mail you a postcard or written notice as a means of communication. We may email you, your healthcare provider, or case manager as a means of communication.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. This may include communication either in writing, email, or by telephone with a case manager in charge of your case.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

On your Authorization: You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, I cannot use or disclose your PHI for any reason except those described in this notice.

For More Information or to Report a Problem

If you have any questions and would like additional information you may contact Denise Chyette, DPT at 310-750-5216

If you believe your privacy rights have been violated, you can file a complaint with The Wellness Bank, or with the Office for Civil Rights, U.S. Department of Health and Human Resources. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

*U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201*

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.