



**MINDFULNESS**  
HOLISTIC WELLNESS & HEALING  
210 2nd Street, St. Mary's WV 26170

## Notice of Information Practices and Privacy Statement

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to give you this notice which describes how protected health information about you may be used and disclosed and how you can get access to that information. It states the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

*Please review it carefully.*

---

**When it comes to your health information, you have certain rights.**  
**This section explains your rights and some of our responsibilities to help you.**

### Get an electronic or paper copy of your medical record

- You have the right to inspect and/or receive 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. A reasonable, cost-based fee will apply for any copies requested.
- In rare situations, we may determine that to allow you to view your medical record may be detrimental to your mental health. We may deny you access to your medical record in this case, however, you may request a review of that denial. We will provide your information to another licensed mental health professional to review your request and the reasons for our denial and will make a recommendation following the review. We will honor that recommendation.

### Ask us to amend your medical record

- You have the right to ask us to make changes to or correct any errors regarding the health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will explain why in writing within 60 days.

### Request confidential communications

- You have the right to ask us to contact you in a specific way (e.g. home phone, cell phone, or office phone, email, etc.) or to send mail to a different address than your home address. We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You have the right to ask us not to use or share certain health information for treatment, payment, or our clinical operations.
- We are not required to agree to your request, and we may say "no" if we determine that it would adversely affect your care.
- If you pay for a service or health care item out-of-pocket in full, you have the right to ask us not to share that information or our operations with your health insurer.
- We will say "yes" unless a law requires us to share that information.

### Get a listing of those with whom we've shared information

- You have the right to ask for an accounting (listing) of the times we've shared your health information for up to six years prior to the date of your request, along with who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free as required by law but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You have the right to ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- There is also a current copy of this notice available on the clinic website: [www.movmindfulness.com](http://www.movmindfulness.com)

### 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. You are required to provide us with a copy of the signed and notarized power of attorney or the court guardianship documents.
- We will make sure the person you designate has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You have the right to complain if you feel we have violated your rights by contacting us using the contact information at the beginning of this document.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for exercising your right to file a complaint.

### **How do we typically use or disclose your health information?**

We typically use or disclose your health information in the following ways.

"Use" refers to activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing your information. "Disclosure" refers to activities outside the office such as releasing, transferring, or providing access to information by a third party.

#### Treatment purposes

- We can use your health information and share it with other professionals who are treating you such as your primary care physician, another psychiatrist or your hospitalist if you are ever admitted to the hospital or other residential care facility such as a nursing home or rehab.

*Example: A doctor treating you for an injury asks us about your overall health condition, medications, etc.*

#### Clinical operations

- We can use and share your health information to run our practice, for quality assessment and improvement of your care, other business related matters such as audits and administrative services, case management, and care coordination.

*Example: We use health information about you to manage your assessments, treatment and services.*

#### Billing and payment for our services

- We can use and share your health information to bill and get payment from health plans or other entities, however, as we are currently operating a fee for service practice, this is unlikely to occur.

*Example: We give information about you to your health insurance plan so it will pay for your services.*



## Notice of Information Practices and Privacy Statement

### How else can we use or share your health information?

We are required to share your information in other ways that contribute to the public good, such as public health and research. These types of disclosures do not require your authorization to release information. However, we are required to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### Public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease. Certain communicable diseases are required to be reported to the Department of Health.
  - Helping with product recalls.
  - Reporting adverse reactions to medications to the Food and Drug Administration (FDA).
  - Reporting suspected abuse, neglect, or domestic violence to child welfare services or adult protective services.
  - Preventing or reducing a serious threat to anyone's health or safety including your own.

#### For research purposes

- We can use or share your information for health research.

#### Compliance with the law for health oversight activities

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, or the Hawaii state Department of Commerce and Consumer Affairs, if either wants to see that we're complying with federal and state laws.

#### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations. Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### Disclosures requiring your explicit authorization

- For any other necessary disclosure of your health information, your authorization to release said information is required prior to any such disclosure. An "authorization" consists of your written permission above and beyond the general consent that permits only the specific disclosures already mentioned.
- You may revoke all such authorizations at any time, provided each revocation is in writing and states specifically which authorizations are being revoked. You may not revoke an authorization to the extent that we have already relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

#### Psychotherapy process notes

- Psychotherapy process notes are notes taken by the psychiatrist about our conversation during a private individual, group, joint, or family psychotherapy session, which are kept separately from the remainder of your medical record. These notes are afforded a greater level of protection and are generally not typically released to anyone, without a court order.

### For certain health information, you can tell us your preferences about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you would like us to do, and we will follow your instructions.

In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*\*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your information if we believe it is in your best interest to do so.*

*\*\*We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases, we *never* share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy process notes.
- HIV status.
- Substance use history.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html) Changes to the Terms of This Notice
- We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.
- This Notice of Privacy Practices applies to:
  - Mindfulness, LLC located at 210 2nd Street, St Marys, WV 26170 and includes any practitioner who might provide "call coverage".
  - If you should have any questions about this notice please feel free to contact the office using the contact information provided at the beginning of this notice.



## Notice of Information Practices and Privacy Statement

**How We Collect Information About You:** Mindfulness, LLC and its employees and/or volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that is either required by law or necessary to process applications or other requests for assistance through our organization.

**What We Do Not Do With Your Information:** Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

**How We Do Use Your Information:** Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between Mindfulness, LLC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance, etc.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

**Information We Do Not Collect:** We do not use cookies on our website to collect dates from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page ([www.movmindfulness.com](http://www.movmindfulness.com)) that simply records the number of visitors and no other data. We may use some affiliate programs that may or may not capture traffic date through our site. To avoid potential data capture that you visited an outside website, simply do not click on any outside affiliate links.

**Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:** Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Mindfulness, LLC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.