

# Your Information and Rights, My Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The first four sections provide a user-friendly summary of this document, and the subsequent sections fill in the details. Please review it carefully.

## Your Rights

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

### **You have the right to:**

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 that I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to an information request, but, if I do, I will tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes,” unless a law requires me to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you had asked me to make). I will provide one accounting per year for free, 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 can 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.

#### 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.
- I will make sure the person has this authority and can act for you before I take any action.

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

- You can complain if you feel we have violated your rights by contacting me using the information in my professional disclosure, a copy of which should be given to you at or before your intake session with me, and extra copies of which are available upon request.
- You can file a civil rights 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 visiting <https://www.hhs.gov/ocr/index.html>.
- We will not retaliate against you for filing a complaint.

# Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and we will follow your instructions.

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

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

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to a person's health or safety.

In these cases I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

I may contact you for fundraising efforts, in which case you can tell me not to contact you for that purpose again.

# My Uses and Disclosures

## **How do I typically use or share your health information?**

I typically use or share your health information in the following ways.

- Treat you: I can use your health information and share it with other professionals who are treating you.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Operate my practice: I can use and share your health information to operate my practice, improve your care, and contact you when necessary.
  - Example: I use health information about you to manage your treatment and services.)

- Bill for your services: I can use and share your health information to bill and get payment from health plans or other entities.
  - Example: I give information about you to your health insurance plan so that they will pay for your services.

### **How else can I use or share your health information?**

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good. I can share health information about you for certain public health and safety situations such as:

- Preventing disease
- Helping with product recalls: Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence: Preventing or reducing a serious threat to anyone’s health or safety.
- Do research: We can use or share your information for health research. I have to meet many conditions in the law before I 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)
- Comply with the law: I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that I am complying with federal privacy law.
- Respond to organ and tissue donation requests: I can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director: I can share health information with a coroner, medical examiner, or funeral director in the event that an individual dies.
- 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; to respond to lawsuits and legal actions: I can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I must follow the duties and privacy practices described in this

notice and give you a copy of it. I will not use or share your information other than as described here, unless you tell in writing that I can. If you tell me that I can, you may change your mind at any time. In that event, let me know in writing that you have changed your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html)

# Additional Policies Pertaining to Use of this Website

## **Security of Your Personal Data**

The security of your personal data is important to me, but remember that no method of transmission over the Internet or method of electronic storage is 100% secure. While I strive to use commercially acceptable means to protect your personal data, I cannot guarantee its absolute security.

## **Analytics**

I may use Google Analytics to monitor and analyze the use of this website. Google Analytics is a web analytics service offered by Google that tracks and reports website traffic. Google uses the data collected to track and monitor the use of the website. This data is shared with other Google services. Google may use the collected data to contextualize and personalize the ads of its own advertising network.

You can opt out of having made your activity on this website available to Google Analytics by installing the Google Analytics opt-out browser add-on. The add-on prevents the Google Analytics JavaScript (ga.js, analytics.js and dc.js) from sharing information with Google Analytics about visits activity.

For more information on the privacy practices of Google, please visit the Google Privacy & Terms webpage: <https://policies.google.com/privacy>

## **Children's Privacy**

This website is not intended to address anyone under the age of 13. I do not knowingly collect personally identifiable information from anyone under the age of 13. If you are a parent or guardian and upi are aware that your child has provided me with personal data, please contact me. If I become aware that I have collected personal data from anyone under the age of 13 without verification of parental consent, I will take steps to remove that information from my servers.

If I need to rely on consent as a legal basis for processing your information and your country requires consent from a parent, I may require your parent's consent before I collect and use that information.

### **Links to Other Websites**

This website may contain links to other websites that are not operated by me. If you click on a third party link, you will be directed to that third party's site. I advise you to review the privacy policy of every site you visit.

I have no control over and assume no responsibility for the content, privacy policies or practices of any third party sites or services.

### **Transfer of Your Personal Data**

Your information may be transferred to — and maintained on — computers located outside of your state, province, country or other governmental jurisdiction where the data protection laws may differ than those from your jurisdiction.

Your consent to this privacy policy followed by your submission of such information represents your agreement to that transfer.

All Things Grow will take all steps reasonably necessary to ensure that your data is treated securely and in accordance with this privacy policy, and no transfer of your personal data will take place to an organization or a country unless there are adequate controls in place including the security of your data and other personal information.

## **Changes to the Terms of This Notice**

I can change the terms of this notice, and the changes will apply to all information that I have about you. The new notice will be available upon request, in my office, and on my website.

Privacy contact:

Wesley Lawton, Licensed Professional Counselor, Owner, and Sole Proprietor

Email: [wes@allthingsgrowcounseling.com](mailto:wes@allthingsgrowcounseling.com)

Phone: 586-576-6523

Special notes:

- I never market or sell personal information.
- I will never share any substance abuse treatment records without your written permission.

As required by HIPAA, I enter into Business Associate Agreements with all entities with whom I conduct business in order to serve your needs, including insurance companies, billers, providers of email/fax/secure storage services, etc. These agreements bind these businesses to the same laws with which I am mandated by HIPAA law to comply.