

Wellness Online Therapy

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Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Please note that in this notice:

- “You” means you, the client
- “Me” or “I” means the Wellness Online Therapy psychotherapist with whom you will be working directly
- “We” means Wellness Online Therapy

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask me to limit the information I share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that I use and share information to provide:

- Mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Provide treatment or coordinate your care
- Run the practice
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Respond to lawsuits and legal actions

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.

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 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 your request, but I’ll 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 our 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 our 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’ve shared your health information for six years prior to the date you ask (up to seven years after care was terminated), who I shared it with, and why.

- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a 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 download a copy of this privacy practice at wellnessonlinetherapy.com/privacy-notice.

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 I have violated your rights by contacting me.
- You can 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 visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I 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 I will follow your instructions.

In these 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

If I believe your safety or the safety of another person is at risk, I may go ahead and share your information if I believe it is in your best interest. I will also share your information, as mandated by law, when needed to lessen a serious and imminent threat to health or safety.

In these cases I never share your information:

- Marketing purposes
- Sale of your information

Our 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 psychiatrist treating you for an injury asks a therapist about your symptoms over time and observations that may be useful in assessing you.

Run the practice

I can use and share your health information to run the psychotherapy 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 it will pay for your services.

Help with safety issues

We can share health information about you for certain situations such as:

- Reporting suspected child or elder abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

I will share information about you if state or federal laws require it.

Address workers' compensation, law enforcement, and other government requests

I 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 (such as the BBS) for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

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.

Our 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 me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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

About This Notice

- Effective Date of this Notice: 11 January 2022
- Notice of Privacy Practices available to download:
wellnessonlinetherapy.com/privacy-notice
- Privacy Contact:

Eva Rubin, LCSW

eva@wellnessonlinetherapy.com

510.255.0965

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY CLICKING ON THE CHECKBOX BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS HIPAA NOTICE OF PRIVACY PRACTICES AND AGREE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Wellness Online Therapy, DBA for Eva K. Rubin, Licensed Clinical Social Worker, Inc.