

Warfield Mental Wellness

Phone: (317) 451-9338

Business address: 11807 Allisonville Rd. #645 Fishers, IN 46038

HIPAA NOTICE OF PRIVACY PRACTICES:

THIS NOTICE DESCRIBES HOW YOUR INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I. Understanding Your Health Record/Information

Each time you engage in services with Warfield Mental Wellness, LLC, a record of your visit is made. Typically, this record contains dates of service, duration of sessions, diagnosis, examination and assessment results, and treatment plan. This information is often referred to as your health or medical record.

This record serves as a:

- Basis as 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 data for medical research.
- A source of information for public health officials who oversee the delivery of healthcare in the United States.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care rendered and the outcomes achieved.

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 informed decisions when authorizing disclosure to others.

II. Protecting Your Health Record/Information

We understand that information about you and your health is personal and private. We are committed to protecting your health information. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires us to maintain the privacy of your Protected Health Information (PHI). PHI is considered to be your medical records and any other health information that may identify you or with respect to which there is a reasonable basis to believe the information can be used to identify you. This includes any information we keep, use or disclose in any form, whether electronically, on paper, or orally. As required by HIPAA, we must provide this Notice to you and make a good faith effort to obtain your acknowledgement that you have received it. This Notice explains how we will use and disclose your PHI while maintaining your privacy, explains your rights with respect to PHI, and explains our duty to abide by the terms of the Notice and any updates that we may make in the future. If you have any questions about this Notice, please contact your mental health provider.

III. Use and Disclosure of Your Health Record/Information

Under the law, Warfield Mental Wellness, LLC is permitted to use or disclose your PHI with or without authorization for treatment, payment, and health care operations purposes.

- Treatment is the provision, coordination, or management of healthcare and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. An example of treatment

would be when we consult with another health care provider, such as your family physician or another mental health provider.

- Payment includes activities such as obtaining payment for services, confirming health plan coverage benefits, and billing or collecting for the provision of health care to an individual. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations includes quality assessment and improvement activities, competency assurance activities, conducting or arranging for medical reviews, specified insurance functions, business planning, and general administrative activities. Examples of healthcare operations are business-related matters such as audits and administrative services, case management, and care coordination.

In addition, we may disclose your health information for certain health care operations of other entities; however, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

Other permitted uses and disclosures include:

- As required by Law.
- Business Associates – There are some services that require the use of outside people and entities. Examples of these “business associates” include Warfield Mental Wellness, LLC’s accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job that we asked them to do. To protect your health information; however, we require the business associates to sign a Business Associates Agreement to ensure they will 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, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us.
- Communication with Family - We may disclose to a family member, other relative, close personal friend or any other person involved in your healthcare, 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 certain conditions have been met.
- Marketing – We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings. In addition, we may contact you to describe a health-related product or service that we provide and may be of interest to you, and the payment for such product or service.
- 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.
- Public Health Activities– We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Child Abuse/Neglect – If your mental health provider believes that a child is a victim of child abuse

or neglect, your mental health provider must report this belief to the appropriate authorities.

- Adult and Domestic Abuse – If your mental health provider believes or has a reason to believe that an individual is an endangered adult, they must report this belief to the appropriate authorities.
- Health Oversight Activities – If the Indiana Attorney General’s Office (who oversees complaints brought against mental health providers instead of the Indiana State Psychology Board) is conducting an investigation into Warfield Mental Wellness, LLC, then we are required to disclose PHI upon receipt of a subpoena.
- Law Enforcement – We may disclose health information for law enforcement purposes, as required by law or in response to a valid subpoena.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services your mental health provider provided you and/or the records thereof, such information is privileged under state law, and your mental health provider will not release information without written authorization from you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to your mental health provider an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you display conduct or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, your mental health provider may take the appropriate steps to prevent that harm from occurring. If your mental health provider has a reason to believe that you present an imminent, serious risk of physical harm or death to yourself, your mental health provider may need to disclose information in order to protect you. In both cases, your mental health provider will only disclose what they feel is the minimum amount of information necessary.
- When the Use and Disclosure Without Your Consent or Authorization is Allowed Under Other Sections of Section 164.512 of the Privacy Rule and the State’s Confidentiality Law This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that your mental health provider is required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common. We will reasonably limit the use and disclosure of your PHI to the minimum amount necessary to accomplish the intended purpose. We will safeguard your health information against inappropriate use and disclosure consistent with applicable law.

IV. Other Uses and Disclosures Requiring Authorization

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (other than the health-related communications listed above), and disclosures that constitute a sale of PHI require your written authorization. Other uses and disclosures not described in this Notice (or otherwise permitted or required by law) will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except for actions we have already taken relying on your authorization. If we have HIV or substance abuse information about you, we cannot release that information without a specific, signed written authorization from you. In order to disclose these types of records for purposes of treatment or payment, we will have to have both your

signed consent and a specific written authorization that complies with the law governing HIV or substance abuse records. Your mental health provider will obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

V. Your Rights

Although your health record is the physical property of Warfield Mental Wellness, LLC, the information in your health record belongs to you.

You have the following rights:

- Right to Restrict Disclosures – You have the right to request restrictions on certain uses and disclosures of PHI. We ask that such requests be made in writing on a form provided by Warfield Mental Wellness, LLC. Although we will consider your request with regards to the use of your health information, please be aware that we are under no obligation to accept it or abide by it unless the disclosure is to a health plan for purposes of carrying out payment or healthcare operations (and is not for treatment purposes) and the PHI pertains solely to a healthcare item or service for which you paid out of pocket in full.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing us. At your request, we will send your bills to another address. Such a request must be made in writing, and submitted to your mental health provider. We will attempt to accommodate all reasonable requests.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your mental health provider may deny your access to PHI under certain circumstances but in some cases, you may have this decision reviewed. At your request, your mental health provider will discuss with you the details of the request and denial process. You may make such requests orally or in writing. However, in order to better respond to your request, we ask that you make such requests in writing. • Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Such requests must be made in writing, and must provide a reason to support the amendment. Your mental health provider may deny your request. At your request, your mental health provider will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI (not to exceed 6 years). We ask that such requests be made in writing on a form provided by Warfield Mental Wellness, LLC. Please note that an accounting will not apply to any of the following types of disclosures: (a) disclosures made for reasons of treatment, payment, or health care operations; (b) disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and (c) disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period; however, for any requests that you make thereafter, you will be charged a reasonable fee. At your request, the mental health provider will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of this Notice from us upon request, even if you have agreed to receive the notice electronically. • Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket, in full, for mental health services.

- Right to Revocation – You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.
- Right to Be Notified if there is a Breach of Your Unsecured PHI- You have a right to be notified if:
(a) there is a breach (a use of disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised.

VI. Warfield Mental Wellness, LLC's Duties

We are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect. If we revise this Notice, we will provide a revised Notice to you within 60 days of a material revision.

VII. Questions and Complaints

If you have questions or would like additional information about this Notice, disagree with a decision your mental health provider makes about access to your records, or have other concerns about your privacy rights, you may contact Casiana Warfield, Ph.D., HSPP, owner of Warfield Mental Wellness, LLC, who is also the HIPAA Privacy Officer. She can be contacted at 317-451-9338 or casiana@warfieldmentalwellness.com. These complaints must be filed in writing. The complaint form may be obtained from the Privacy Officer and when completed, should be returned to the Privacy Officer.

If you believe Warfield Mental Wellness, LLC is not complying with a requirement of the HIPAA Rules, you may file a written complaint with the secretary of the Federal Department of Health and Human Resources, Office for Civil Rights. A complaint must be filed within one hundred and eighty (180) days of when the complainant knew or should have known that the act or omission complained or occurred, unless this time limit is waived by the secretary for good cause shown. For more information on how to file a complaint, please refer to <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VIII. Effective Date and Changes to Privacy Policy

This notice will go into effect on 07/01/23. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that we maintain. In the event of a change to this Notice, Warfield Mental Wellness, LLC will provide a revised Notice to you within 60 days of a material revision.

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 AM ACKNOWLEDGING THAT I RECEIVED A COPY OF HIPAA NOTICE OF PRIVACY PRACTICES AND AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signed,

Casiana Warfield, Ph.D., HSPP