

PRIVACY PRACTICES NOTICE

Introduction

This agreement contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of a patient's Protected Health Information (PHI), used for the purpose of treatment, payment and health care. The Federal Law requires that Intuition Wellness Center, PLLC obtain each patient's signature acknowledging that we have provided him/her with this information. Please review it carefully.

Protected Health Information (PHI)

Patient Protected Health Information (PHI) is any information about the patient's past, present, or future physical or mental health conditions or treatment, or any other information that could identify the patient. PHI includes any information – oral, recorded, written or sent electronically – about a patient's physical or mental health, services rendered, or payment for those services, including all personal information connecting the patient to their records. Intuition Wellness Center has protective measures in place to ensure the security and privacy of all client information, including information transmitted electronically. In the rare event a HIPAA breach should occur, the client will be notified.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

The HIPAA law allows for the following disclosures of a patient's PHI to an outside entity for the following purposes:

1. **Treatment:** Providing, coordinating, or managing a patient's health care and other services related to your health care. An example would be when a patient's therapist consults with another health care provider, such as your family physician.
2. **Payment:** Obtaining reimbursement for a patient's healthcare. Examples include when we disclose a patient's PHI to a patient's health insurer to obtain payment for a patient's health care, or to determine a patient's insurance eligibility or coverage.
3. **Health Care Operations:** Activities that relate to the performance and operation of our practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.

Uses and Disclosures Requiring Authorization

Outside of routine treatment, payment, and health care operations, Intuition Wellness Center team members will not release patient PHI unless a patient signs a Release of Information Form authorizing that specific disclosure.

Patients may revoke all such authorizations of PHI at any time, provided each revocation is in writing. Patients may not revoke an authorization to the extent that (1) we have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Intuition Wellness Center staff may use or disclose PHI without a patient's consent or authorization in the following circumstances:

1. **Child Abuse:** If a patient's provider has reasonable cause to believe that a child has suffered abuse or neglect, that provider is required by law to report it to the proper law enforcement authorities.
2. **Adult and Domestic Abuse:** If a patient's provider has reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred and could result in serious harm, provider must immediately report it to the appropriate authorities.

3. **Health Oversight:** If the State Department of Health subpoenas patient's provider as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure, that provider must comply. This could include disclosing patient relevant mental health information.
4. **Judicial or Administrative Proceedings:** If patient is involved in a court proceeding, their provider will release information only with the written authorization of patient/patient's legal representative, or a subpoena of which patient has been notified, or a court order. (This privilege does not apply when a patient is being evaluated for a third party or for the court. Patient will be informed in advance if this is the case.)
5. **Serious Threat to Health or Safety:** Providers may disclose patient health information to any person without authorization if provider reasonably believes that disclosure will avoid or minimize imminent danger to patient's health or safety, or the health or safety of any other individual.
6. **Worker's Compensation:** If a patient files a worker's compensation claim, providers must make all health information in their possession that is relevant to the injury available to patient's employer or representative and Arizona Worker's Compensation upon their request.

Patient's Rights

1. **Right to Request Restrictions:** Patients have the right to request restrictions on specific uses and/or disclosures of their PHI. However, providers are not required to agree to a restriction that a patient requests.
2. **Right to Receive Confidential Communications by Alternative Means at Alternative Locations:** Patients have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, only calling patient at work).
3. **Right to Inspect and Copy:** Patients have the right to inspect and/or obtain a copy of PHI in health and billing records. Providers may deny your access to PHI under certain circumstances, but in some cases patients may have this decision reviewed.
4. **Right to Amend:** Patients have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Providers may deny your request if they believe the original information is accurate.
5. **Right to an Accounting of Disclosures:** Patients have the right to receive a list of the disclosures that Intuition Wellness Center team members has made of your PHI. Some exceptions do apply.

Provider's Duties

1. Health Providers are required by law to maintain the privacy of patient PHI and to provide patients with this Notice of legal duties and privacy practices with respect to PHI.
2. Intuition Wellness Center reserves the right to change the privacy policies and practices described in this Notice. Unless Intuition Wellness Center notifies patients by mail of changes, Intuition Wellness Center is required to abide by the terms in this Notice.

Complaints

If patients have a complaint about the way Intuition Wellness Center staff have handled patient privacy rights, they may contact:

- Yoendry Torres, Psy.D., Privacy Officer at: 5675 N. Oracle Rd., Suite 3101 Tucson, AZ 85704; Phone: 520-333-3320.
- Patients may also send a written complaint to the Secretary of the U.S. Dept. of Health and Human Services. The Privacy Officer listed above can provide patients with the appropriate address upon request.

Client Name	Date of Birth
Client/Guardian Name	Signature of Client /Guardian
Guardian Name	Date