

Fax: 507-779-7182
Phone: 507-225-0450
www.willowpathways.com



881 Madison Ave
Mankato, MN 56001
info@willowpathways.com

Willow Pathways THERAPEUTIC SERVICES, LLC

NOTICE OF PRIVACY PRACTICES

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

I. OUR RESPONSIBILITIES REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. Our clinicians create a record of the care and services you receive from them. Our clinicians need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Willow Pathways Therapeutic Services LLC. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private and confidential
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

<https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html>

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will provide an explanation and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We can use your health information and share it with other professionals who are treating you within our organization when necessary for the current treatment of the patient/client.

For Health Care Operations. We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

To Bill for your Services. We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan, when requested, so it will pay for your services.

III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

Comply with the Law. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Help with Public Health and Safety Issues. For public health activities, including reporting suspected child or vulnerable adult maltreatment, and preventing or reducing a serious threat to anyone's health or safety.

Respond to lawsuits and legal actions. If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order, or in response to a subpoena. Although our preference is to obtain an Authorization from you before doing so.

Address workers' compensation, law enforcement, and other government requests. Although our preference is to obtain an Authorization from you, we may use or disclose health information about you:

- For workers' compensation purposes to comply with workers' compensation laws
- For law enforcement purposes or with a law enforcement official
- For activities with health oversight agencies, including audits and investigations, authorized by law
- For special government functions such as presidential protective services

Appointment reminders. We may use and disclose your PHI to contact you to remind you that you have an appointment with us.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO AREE OR OBJECT:

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

Disclosures to family, friends, or others. You have the right and choice to tell us to share information with a family member, friend, or other person that you indicate is involved in your care or the payment for your health care.

Disclosures in an emergency situation or disaster relief situation. You can ask us to share information in an emergency situation or disaster relief situation. *We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

V. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

For the situations described in this section, we *never* share your health information unless you give us written permission. If you have a clear preference for how we share your information in these situations, talk to us. Tell us what you want us to do, and we will follow your instructions.

Psychotherapy Notes. Our clinicians do keep “psychotherapy notes”, as defined in 45 CFR § 164.501. We will never disclose psychotherapy notes unless given your written permission. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For our use in treating you.
- For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For our use in defending ourselves in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. Willow Pathways Therapeutic Services will not use or disclose your PHI for marketing purposes.

Sale of PHI. Willow Pathways Therapeutic Services LLC will not sell your PHI in the regular course of our business.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

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

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us *not* to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say, “No” if we believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to ask us not to share your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. We will say, “Yes” unless a law requires us to share that information.

The Right to Request Confidential Communications. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. You have the right to see or get an electronic or paper copy of your medical record and other information that we have about you. Ask us how to do this. We will provide you with a copy or a summary of your record, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list (accounting) of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make additional requests within the next 12 months, we will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. Ask us how to do this. We may say, “No” to your request, but we will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice electronically. And, even if you have agreed to receive this Notice electronically, you also have the right to request a paper copy of it.

The Right to Choose Someone to Act for You. If you have given someone medical power or attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

The Right to File a Complaint if You Feel Your Rights are Violated. You have the right complain if you feel we have violated your rights by contacting us using the information on page 1. 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/

We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice:

We can change the terms of this Notice, and such 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.

Effective Date of this Notice:

This notice went into effect on June 7, 2022.

This Notice of Privacy Practices applies to the following organizations.

This notice applies to Willow Pathways Therapeutic Services LLC.

Privacy Official:

Rebecca McCabe, MS, LPCC
becca@willowpathways.com
507-225-0450