



## WELL CARE SERVICES 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.**

This Notice describes privacy practices of Well Care Services.

### **I. Our Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered Protected Health Information (PHI). We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices. This Notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must access, use or disclose only the minimum necessary PHI to accomplish the purpose of the access, use or disclosure. If we discover a breach (as defined in 42 U.S.C. 201 et seq.) of the privacy or security of your PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though **we reserve the right to change the terms of this Notice at any time**. We reserve the right to make new Notice provisions effective for all PHI we currently maintain or that we receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or patient waiting areas. You may request a copy of the new notice from the our front office. We will also make available a copy of the Notice in effect each time you receive services from providers within Healthy Mind Body & Spirit, listed above.

### **II. How We May Use and Disclose Your Protected Health Information:**

We access, use and disclose PHI for a variety of reasons. For certain access/use/disclosures, we must get your written authorization. However, the law provides that in some cases, we may access, use or disclose your PHI without your authorization. The following section offers more descriptions and examples of our potential access/use/disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Since we are an integrated system, we may share your PHI with designated staff within the Healthy Mind Body & Spirit, for treatment, payment or operations purposes. Generally, we may access/use/disclose your PHI:
  - **For treatment:** We may disclose your PHI to our health care personnel who are involved in providing your treatment. For example, your PHI will be shared among members of your treatment team, or with a specialist to whom you have been referred.

- **To obtain payment:** We may access/use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. We may release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.
- **For health care operations:** We may access/use/disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our staff, or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Nevada State Department of Health.
- **Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also leave a message on your answering machine or voice mail. (See Section III about confidential communication.)
- **Treatment alternatives:** We may contact you about possible treatment options or alternatives or other health-related benefits or services that may interest you.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures other than treatment, payment and health care operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization by notifying us in writing. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission. (See Section VI for instructions for revoking an authorization.) We cannot refuse to treat you if you refuse to sign an authorization to release PHI, **unless** services provided are solely to create health records for a third party, such as physical exam and drug testing for an employer or insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not use or disclose your PHI for marketing purposes without your authorization.

**Uses and Disclosures Not Requiring Authorization:** The law provides that we may access/use/disclose your PHI without your authorization in certain situations, including but not limited to:

- **When required by law:** We may disclose PHI when a law requires or allows us to report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For public health activities:** We may disclose PHI when we are required or allowed to collect information about disease or injury or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.
- **For health oversight activities:** We may disclose PHI to the Nevada State Department of Health or other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- **For research purposes:** In certain circumstances, and under supervision of an Institutional Review Board, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI, or will be involved in your care.
- **To avert threat to health or safety:** In order to avoid a serious and imminent threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Law enforcement:** We may disclose PHI to a law enforcement official in circumstances such as: in response to a court order; to identify a suspect, witness or missing person; about crime victims; about a death that we may suspect is the result of criminal conduct; or criminal conduct at the hospital or health care facility.
- **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the President.
- **Workers' Compensation:** We may disclose your PHI to your employer for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- **Inmates:** An inmate of a correctional institution does not have the rights listed in this Notice of Privacy Practices.

**Uses and Disclosures Requiring You to Have an Opportunity to Object:** In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure. However, if there is an emergency situation and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests.

- **To families, friends or others involved in your care:** We may share with these people information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.
- **Disaster relief:** In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of coordinating notifying your family and friends of your location, condition or death.

### **III. Your Rights Regarding Your Protected Health Information:**

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

**To request confidential communication:** You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI, inform you that the change has been made, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will **not** include any disclosures made: for national security purposes; for treatment, payment or health care operations purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.

#### **IV. How to Complain About Our Privacy Practices:**

If you think we may have violated your privacy rights or if you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V. below. You may also submit an anonymous complaint by calling 1-800-638-5071. You may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized if you file a complaint.**

#### **V. Contact Persons for Information or to Submit a Complaint:**

If you have questions about this Notice or complaints about our privacy practices, please contact:

Amy Roukie  
Administrator CTC  
775-405-4111

Well Care Foundation Community Triage Center  
315 Record Street, Suite 102, Reno, NV 89512

775-405-4111

## **VI. Instructions for Revoking an Authorization:**

You may revoke an authorization to access, use or disclose your PHI, in writing, **except:** 1) to the extent that action has been taken in reliance on the authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation. Written revocation must be addressed to: Health Information Management, Release of Information, 790 Willow Street, Reno NV 89502.

## **VII. Effective Date:**

This Notice was effective on 06/20/15.

I have received a copy of the **Notice of Privacy Practices for WELL CARE SERVICES. It has been explained to me, and I understand it to the best of my abilities. I have been informed that if I have any questions in the future regarding the aforementioned information, I am advised to contact WCS immediately for clarification.**

Well Care Foundation Community Triage Center  
315 Record Street, Suite 102, Reno, NV 89512

775-405-4111