

## Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, or health care operations and for other purposes that are permitted or required by law.

### **Uses and Disclosures of PHI:**

- Treatment
- Payment
- Health Care Operations

### **Permitted and Required Uses and Disclosures That May Be Made with Your Authorization and Opportunity to Object:** We may use and disclose your PHI in the following instances:

Facility Directories	Psychotherapy Notes (for TPO)
Other Involved in Your Health Care	Marketing
Emergencies	

### **Permitted and required Uses and Disclosures That May Be Made without Your Authorization or Opportunity to Object:** We may use or disclose your PHI in the following situations without your consent.

Communicable Disease Reporting	Health Oversight
Legal Proceedings	Abuse or Neglect
Law Enforcement	Criminal Activity
Research	Inmates
Workers' Compensation	Required by Law
Public Health	Food and Drug Administration (FDA) Military
Activity or National Security	Required Uses and Disclosures Coroners,
Funeral Directors, and Organ Donations	

### **Your Rights:**

The following is a statement of your rights with respect to your PHI and how you may exercise these rights. You have the right to:

- Inspect and copy your PHI
- Request a restriction of your PHI
- Request to receive confidential communications from us by alternative means, or at an alternative location/address
- Have your Physician amend your PHI
- Receive and accounting of certain disclosures we have made, if any, of your PHI
- Obtain a paper copy of this notice from us

### **WellSpace Health Responsibilities**

- We are required by law to keep the privacy and security of your protected health information (PHI).
- It is our duty to protect the privacy of all our patients. We must also protect our employee's privacy. It is against WSH policy and California law to purposely record or take pictures of confidential information by way of an electronic device or recording device (including cell phones) unless express consent is given by your clinician.

- We will let you know immediately, if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices listed in this notice and give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

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

**Other Instructions for this Notice**

This notice is effective January 1, 2020. Previous versions were effective May 16, 2016 and amended January 22, 2018.

For questions regarding this notice, contact:

Privacy Officer  
 WellSpace Health  
 777 12<sup>th</sup> Street, Suite 250  
 Sacramento, CA 95814

**Acknowledgement of Receipt of Notice of Privacy Practices**

The use and disclosure of your Protected Health Information (PHI) is regulated by a federal law known as the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Under HIPAA, healthcare providers are required to provide patients with their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I, \_\_\_\_\_ (print name of patient or legal representative), acknowledge that I have received from WellSpace Health my copy of the Notice of Privacy for Protected Health Information (PHI).

\_\_\_\_\_  
 Signature of Patient

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Representative/Relationship

\_\_\_\_\_  
 Date