

# HIPAA Notice of Privacy Practices

iTrust Wellness Group is required to create, receive, and maintain records that contain health information about clients to administer health care and mental health services.

Psychiatric medical records regarding care are confidential, except in two specific instances: Our providers are required by law to report suspected child abuse and also required by law to provide information to others in order to protect someone a client threatens to harm, including themselves.

Use of recording devices in the office is prohibited unless approved in advance and in writing. Violators are subject to termination or legal action as our client's safety and privacy is of the utmost concern.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information (45 Code of Federal Regulations parts 160 and 164). HIPAA regulations will supersede any discrepancy between the information in this notice and the regulations.

## Privacy Obligations

iTrust Wellness Group is required by law and commits to:

- Make sure that health information that identifies a client is kept private;
- Make available to all clients this notice of iTrust Wellness Group's legal duties and privacy practices with respect to clients' health information; and
- Follow the terms of the notice that is currently in effect.

## Commitment Regarding Health Information Privacy

The privacy policies and practices of iTrust Wellness Group protect confidential health information that identifies a client or could be used to identify a client and relates to a physical or mental health condition or the payment of a client's health care expenses. This individually identifiable health information is known as “**protected health information**” (PHI). PHI will not be used or disclosed without a written authorization from the client, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

## Use of PHI

The following are the different ways iTrust Wellness Group may use and disclose a client's PHI without their written authorization:

- **For Treatment.** iTrust Wellness Group may disclose PHI to a healthcare provider who renders treatment on their behalf. *For example, if the client is unable to provide their medical history as the result of an accident, iTrust Wellness Group may advise an emergency room physician about the types of prescription drugs they currently take.*
- **For Payment.** iTrust Wellness Group may use and disclose PHI so that claims for health care treatment, services, and supplies they receive from health care providers may be paid according to the terms of iTrust Wellness Group. *For example, iTrust Wellness Group may receive and maintain information about mental health care a client received to enable iTrust Wellness Group to process a claim for reimbursement of medical expenses incurred on their behalf.*
- **For Health Care Operations.** iTrust Wellness Group may use and disclose PHI to enable it to operate or operate more efficiently. *For example, iTrust Wellness Group may use a client's PHI for case management or to perform population-based studies designed to reduce health care costs.* In addition, iTrust Wellness Group may use or disclose a client's PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. iTrust Wellness Group may remove information that identifies a client from health information disclosed to outside sources so it may be used without outside sources learning who the specific participants are.
- **To iTrust Wellness Group Staff.** iTrust Wellness Group may disclose PHI to designated medical personnel so they can carry out their clinical or administrative functions, including the uses and disclosures described in this notice. These individuals will protect the privacy of the client's health information and ensure it is used only as described in this notice or as permitted by law.
- **To a Business Associate.** Certain services are provided to iTrust Wellness Group by third party administrators known as “business associates.” *For example, iTrust Wellness Group may input information about a client's health care treatment into an electronic claims processing system maintained by the business associate so the claim may be paid.* This process necessitates that iTrust Wellness Group will disclose the client's PHI to its business associate so it can perform its claims payment function. However, iTrust Wellness Group will contractually require its business associates to appropriately safeguard all PHI.
- **As Required by Law.** iTrust Wellness Group will disclose PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.
- **To the Secretary of the Department of Health and Human Services (HHS).** iTrust Wellness Group may disclose PHI to HHS for the investigation or determination of compliance with privacy regulations.

## **Special Use and Disclosure Situations**

iTrust Wellness Group may also use or disclose a client's PHI under the following circumstances, only in accordance with HIPAA regulations:

- **Lawsuits and Disputes.** If a client becomes involved in a lawsuit or other legal action, iTrust Wellness Group may disclose their PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** iTrust Wellness Group may release PHI if asked to do so by a law enforcement official.
- **Worker's Compensation.** iTrust Wellness Group may disclose PHI to the extent authorized by and to the extent necessary to comply with worker's compensation laws and other similar programs.
- **Military and Veterans.** If a client actively is or becomes a member of the U.S. armed forces, iTrust Wellness Group may release medical information about them as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** iTrust Wellness Group may use and disclose a client's PHI when necessary to prevent a serious threat to their health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** iTrust Wellness Group may disclose health information about a client for public health activities.
- **Health Oversight Activities.** iTrust Wellness Group may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, iTrust Wellness Group may use and disclose PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** iTrust Wellness Group may release PHI to authorized federal officials: 1) for intelligence, counterintelligence, and other national security activities authorized by law and 2) to enable them to provide protection to the members of the U. S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If a client is an organ donor, iTrust Wellness Group may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** iTrust Wellness Group may release PHI to a coroner or medical examiner. iTrust Wellness Group may also release PHI to a funeral director, as necessary, to carry out their duty.

## **? Other Uses and Disclosures of Health Information**

Other uses and disclosures of health information not covered by this notice or by the laws that apply to iTrust Wellness Group will be made only with the client's written authorization. If the client authorizes iTrust Wellness Group to use or disclose PHI, they may revoke the authorization, in writing, at any time. If the client revokes their authorization, iTrust Wellness Group will no longer use or disclose their PHI for the reasons covered by the written authorization; however, iTrust Wellness Group will not reverse any uses or disclosures already made.



## Rights Regarding Health Information

Client rights regarding the health information iTrust Wellness Group maintains are as follows:

- **Right to Inspect and Copy.** Clients have the right to inspect and copy their PHI. This includes information about their plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy or subjective history of the present illness sections of notes. To inspect and copy health information maintained by iTrust Wellness Group, clients should submit request in writing to the plan administrator. iTrust Wellness Group may charge a fee for the cost of preparing, copying, emailing, faxing, and/or mailing the request. In limited circumstances, iTrust Wellness Group may deny the request to inspect and copy PHI. Generally, if clients are denied access to health information, they may request a review of the denial.
- **Right to Amend.** If clients feel that the health information iTrust Wellness Group has is incorrect or incomplete, they may ask to amend it. Clients have the right to request an amendment for as long as the information is kept by or for iTrust Wellness Group. To request an amendment, send a detailed request in writing to the administrative staff. Clients must provide the reason(s) to support the request. iTrust Wellness Group may deny the request if asked to amend health information that was: accurate and complete (at the discretion of the treating provider), not created by iTrust Wellness Group; not part of the health information kept by or for iTrust Wellness Group; or not information that would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** Clients have the right to request an “accounting of disclosures.” This is a list of disclosures of PHI that iTrust Wellness Group has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to the client; disclosures made prior to this effective date; or in certain other situations. To request an accounting of disclosures, submit the request in writing to the administrator. The request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** Clients have the right to request a restriction on the health information iTrust Wellness Group uses or discloses about them for treatment, payment, or health care operations. Clients also have the right to request a limit on the health information iTrust Wellness Group discloses about them to someone who is involved in their care or the payment for their care, like a family member or friend. For example, clients could ask that iTrust Wellness Group does not use or disclose information about a surgery they have had. To request restrictions, make the request in writing to the plan administrator.
  - The client must advise iTrust Wellness Group:
    - What information they want to limit;
    - Whether they want to limit iTrust Wellness Group’ use, disclosure, or both; and
    - To whom they want the limit(s) to apply.

*Note: iTrust Wellness Group is not required to agree to the request.*

- **Right to Request Confidential Communications.** Clients have the right to request that iTrust Wellness Group communicates with them about health matters in a certain way or at a certain location. For example, they can ask that iTrust Wellness Group sends them an explanation of benefits (EOB) form about their benefit claims to a specified address. To request this confidential communication, make the request in writing to the administration. iTrust Wellness Group will make every attempt to accommodate all reasonable requests. This request must specify how and/or where the client wishes to be contacted.
- **Right to a Paper Copy of this Notice.** Clients have the right to a paper copy of this notice. Clients may write to the administration to request a written copy of this notice at any time.

## **Changes to this Notice**

iTrust Wellness Group reserves the right to change this notice at any time and to make the revised or changed notice effective for health information iTrust Wellness Group already has about the client, as well as any information iTrust Wellness Group receives in the future. iTrust Wellness Group will post a copy of the current notice on the policies and procedure section of the company's website. Any revised version of this notice will be posted on the "Policies and Forms" section of the site ([www.itrustwellnessgroup.com/forms](http://www.itrustwellnessgroup.com/forms)). Clients of iTrust Wellness Group are required to abide by the most updated policies and procedures, as are posted on the website or made available upon request.

## **Complaints**

If a client believes their privacy rights under this policy have been violated, they may file a written complaint with the plan administrator. Alternatively, they may file a complaint with the Secretary of the U.S. Department of Health and Human Services (Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201), generally, within 180 days of when the act or omission complained of occurred. Clients will not be penalized or retaliated against for filing a complaint.